



# ROCHESTER YOUTH BASKETBALL REGISTRATION FORM

Rochester Recreation Department

Rochester, Vermont

Child's Last Name:	Child's First Name:	Date of Birth:	Grade:	Gender: (circle one) M      F
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Parent 1			Parent 2		
Name (Last, First)			Name (Last, First)		
Address			Address		
City	State	Zip	City	State	Zip
Home #:	Work #:	Cell #:	Home #:	Work #:	Cell #:
E-Mail:			E-Mail:		

Emergency Contact Name/Phone # (other than parent):

Medical Conditions (please include allergies & medications that your child takes or mental health conditions we/coaches should know about):

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Family Physician name/phone #	Hospital	Medical Insurance Carrier
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## Release/Waiver Agreement

I am fully aware of the risk inherent and hereby give consent for the above named applicant(s) to participate in the program(s) offered by the Town of Rochester Recreation Department, and hereby release the Town of Rochester Recreation Department, any of its elected or appointed officials, instructors, coaches, or assistants from any and all liability from injuries, claims, costs, loss of services, expenses and/or damages which may be sustained by me or us or our minor children on account of his or her participation in said program or assorted activities and events.

The Town of Rochester Recreation Department will provide reasonable accommodations to ensure that all of its programs are accessible to qualified individuals with disabilities who wish to participate. I understand it is my responsibility to notify the Department of any disability that requires such accommodation, and if I do not, that I will hold the Town harmless from injury or damages that may result from my failure to do so.

### Authorization (please print clearly)

Name: \_\_\_\_\_  
 Parent       Guardian

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## Basketball Experience:

- \_\_\_\_\_ Never Played  
 \_\_\_\_\_ 1-2 Years  
 \_\_\_\_\_ 3+ Years  
 \_\_\_\_\_ Summer Camps

## Volunteer Needs:

- \_\_\_\_\_ Assistant Coach (AC)  
 \_\_\_\_\_ Referee (REF)  
 \_\_\_\_\_ Team Parent (TP)



This program cannot run without your help. Team Parents can help in many ways. Please contact the coach for more info.

Registration Fee: \$25 (Please make check payable to Rochester Recreation Department)

For office use only