TOWN OF CLIFTON PARK
2019-2020 GIRLS RECREATION BASKETBALL
REGISTRATION FORM

Last Name: _____ First Name: _____

Street: _____ City: _____ Zip: _____

*****E-Mail Address**: _____ Grade_____ DOB_____

Parent/Guardian Info:

Father: _____ Work #: _____ Cell #: _____

Mother: _____ Work #: _____ Cell #: _____

Home #: _____ Other Emergency Number: _____

****Shirt Size: (circle one)** Shirt Size: Youth M L Adult S M L XL

The RECREATION program fee is $ 105.00 per player. A shirt is included.
Please make checks payable to: Town of Clifton Park

I, _____, the parent/legal guardian of, _____ do hereby consent to his/her participation in the above recreation program(s) sponsored by Town of Clifton Park. I assume, for and on behalf of my child, all risks and hazards incidental to such participation.

I recognize the difficulties and challenges involved in the outdoor, sports programs and camps, and that my child is sufficiently physically and psychologically fit to participate and has not been ***advised otherwise*** *by a physician. I agree to indemnify and hold harmless the Town of Clifton Park, its employees and personnel from any and all claims, causes of action, liability for injuries or damages which may arise as a result of participating in this recreation program and its trips and activities, including, but not limited to, reasonable attorney's fees and the costs and disbursements of any legal actions. I do hereby waive, relinquish, release, discharge, and hold The Town of Clifton Park harmless from any and all liabilities, for any physical or mental injury or aggravation of any pre-existing illness, handicap, and death, loss of enjoyment, or any other harm or loss of nature which may be sustained by myself or my child while participating in the recreation program. The scope of this agreement extends to any actions taken by the Town of Clifton Park Office of Parks, Recreation & Community Affairs, the Town of Clifton Park, its employees, personnel, volunteers, and the instructor of any class or activity in responding to any emergency and/or medical situation or event.*

I further agree that if my child does suffer any injury the Town of Clifton Park's Parks, Recreation and Community Affairs, through its employees or agents, has my permission to sign whatever consent forms required for any necessary emergency medical treatment. I further understand that the Town of Clifton Park will first attempt to contact me at the numbers listed above to obtain my consent for any such treatment.

I understand that all refund requests must be in writing and received 10 days prior to start of program and that there will be **NO refunds after this time.** *Further, I* ***acknowledge*** *that there will be a $10 non-refundable charge on all registrations.*

Participants may be photographed while participating in a Clifton Park Parks & Recreation program and said photographs may be used to publicize activities as the Town deems appropriate.

Parent / Legal Guardian Signature _____

Any medical conditions the coaches should be aware of?_____

Are you willing to coach and/or help administer our program? Yes No

NOTE: Most programs have **minimum/maximum** requirements.

Please bring or mail this form along with payment to Office of Parks, Recreation & Community Affairs at 1 Town Hall Plaza, Clifton Park NY 12065. You may register online, in person during normal business hours or on Thursday, Sept. 5th from 7-8:30 at Town Hall. Registrations received after November 5th will be considered late, and those registrants may be placed on a waiting list.