

**Basketball Registration Form**

Name of Program and Session: **RECREATION BASKETBALL** Today's Date \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Male/Female \_\_\_\_\_

Name of Participant \_\_\_\_\_ D.O.B. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Home Email Address** \_\_\_\_\_

*If parents are not available in an Emergency notify:*

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Shirt size:** Youth Medium: \_\_\_\_\_ Youth Large: \_\_\_\_\_ Adult S: \_\_\_\_\_ Adult M: \_\_\_\_\_ Adult L: \_\_\_\_\_ Adult XL: \_\_\_\_\_ Adult XXL: \_\_\_\_\_  
**Short size:** Youth Medium: \_\_\_\_\_ Youth Large: \_\_\_\_\_ Adult S: \_\_\_\_\_ Adult M: \_\_\_\_\_ Adult L: \_\_\_\_\_ Adult XL: \_\_\_\_\_ Adult XXL: \_\_\_\_\_

Since your assistance is vitally important, if you are willing to volunteer, please check the appropriate positions:

Coach: \_\_\_\_\_ Asst. Coach: \_\_\_\_\_ Scorekeeper: \_\_\_\_\_ Timekeeper: \_\_\_\_\_ Official: \_\_\_\_\_ **Coach's Email:** \_\_\_\_\_

**Health History**

**To be filled out by Parent or Guardian:**

Doctor's Name and Phone \_\_\_\_\_

Ear Infections \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Allergies Diseases  
Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Hay Fever \_\_\_\_\_ Chicken Pox \_\_\_\_\_  
Behavior \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ Poison Ivy \_\_\_\_\_ Measles \_\_\_\_\_  
Operations or serious injuries (dates) \_\_\_\_\_ Penicillin \_\_\_\_\_ G. Measles \_\_\_\_\_  
Special Diet \_\_\_\_\_ Asthma \_\_\_\_\_ Mumps \_\_\_\_\_  
Chronic or recurring illnesses (include Allergies, specific activities to be encouraged or restricted)

Special Medications \_\_\_\_\_ Is the parent sending it? Yes or No (circle one)

*In the event I cannot be reached in an emergency, I hereby give permission to the Physician selected by the Recreation and Parks Department to administer emergency medical care for my child.*

Signature of Parent or Guardian: \_\_\_\_\_

**Participation Waiver and Release**

I hereby agree to allow my child to participate in the Recreation Basketball program given by the Hillside Recreation Department, its employees, instructors and agents upon the understanding and condition that:

1. I represent to the Recreation Department that he/she is Physically capable of participating in a cardiovascular exercise program and that to the extent necessary in light of his/her prior health history, weight, and general physical condition, I have consulted his/her personal physician or other health authority before allowing him/her to participate.
2. I recognize the risks of illness and injury inherent in any exercise program and he/she is participating in the Community Center's Program upon the express agreement and understanding that I am hereby waiving and releasing the Recreation Department and the Township of Hillside from any and all claims arising out of my child's participation in the township's programs or any illness or injury resulting there from. I hereby further agree to indemnify and hold harmless the Recreation Department and the Township of Hillside from and against any and all such claims.
3. I agree to inform the Recreation Department of any changes in my child's physical condition, which might in any way adversely affect his/her ability to participate in the program safely.
4. I hereby authorize the Township of Hillside ("Hillside") to publish photograph(s) taken of myself and/or the minor child listed, and our names and likenesses, for use in Hillside's website, information, marketing or other Hillside publications or materials. I further acknowledge that participation is voluntary and that neither I nor the minor child listed will receive financial compensation of any type associated with the taking or publication of this photograph(s) or participation in Hillside marketing materials or other Hillside publications. I agree and consent to grant a perpetual license to Hillside to utilize such photographs. I hereby release Hillside, its contractors, its employees and any third parties involved in the creation or publication of Hillside publications from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed.

Participant's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Address \_\_\_\_\_