TOWN OF NEW IPSWICH

661 Turnpike Rd New Ipswich NH 03071

Parks and Recreation

2016 BASKETBALL SIGN UP SHEET

Cost: $50pp **Programs: Coed Grades K-4 Boys 5&6 Girls 5&6 Boys 7&8 Girls 7&8**

PLAYER NAME: _____ SEX: M/F (circle one)
First Name Last Name

ADDRESS: _____ GRADE: _____
Street City

DATE OF BIRTH: _____ SHIRT SIZE: Youth S/M/L/XL or Adult S/M/L/ZL
(Circle One)

MOTHER: _____ FATHER: _____

PHONE NUMBER: _____ CELL PHONE: _____

EMAIL: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

ALTERNATE CONTACT: _____ PHONE NUMBER: _____

HEALTH HISTORY: (Check if your child has or is subject to the following specifics)

Asthma ____ Heart Issues ____ Fainting Spells ____ Convulsions ____ Diabetes ____ Allergies ___
Reaction to Medications ____ Other ____ Other Illness or Recent Hospitalization _____
Any Required Medicine _____
List Details of checked box or other notes: _____
_____

Consent to Treatment: The health history is correct as far as I know, and the player identified above has permission to engage in all Recreation Department activities, excepted any noted in the details section. In the event that I or my alternate contact cannot be reached in an emergency, I hereby give permission to competent medical authorities to hospitalize, secure proper medical procedures and perform all treatment for my son/daughter.

_____ _____
Parent Signature Date

I hereby agree that the New Ipswich Recreation Department shall not be responsible for loss of property or personal injury sustained by participants, spectators and any member of the program. I also release, waive and discharge the above organization and their representatives from any liability of any kind upon claim or course of action which might be asserted in my child or spouse's behalf against said organization.

_____ _____
Parent Signature Date

Office Use Only
Payment Received Date _____ Cash or Check _____ Amount _____

Phone: 603-878-2772 *www.townofnewipswich.org*
Fax: 603-878-3855