

Marion Coed Basketball Clinic

Grade 2

(Please print)

Player's first name _____ Last name _____

Age: ___ Date of Birth ___/___/___ Phone 748-_____ Cell _____

e-mail address _____

Address _____ Post Office Box _____

Insurance Company _____ Policy number _____

I am willing to be -

_____ Head coach _____ Assistant coach _____ Team Parent

Please print-

Name (of volunteer) _____ Phone _____

Volunteer's cell phone _____ - _____ - _____ email address _____

Informed Consent and Release Form

My child, _____, and I are aware that participation in basketball is a potentially hazardous activity. I assume all risks associated with participation in the sport, including but not limited to falls or contact with other players. All such risks to my child are known and understood by me.

I, the undersigned, being parent or guardian of said child, do hereby release and forever discharge the Marion Recreation Committee, its officers, managers, coaches, and staff, the Town of Marion, their officials, agents, Board of Directors, officers, representatives, successors, and demands for and upon, or by reasons of any damage, loss, injury, or suffering sustained by my child as a result of any aspect of an activity or practice in which such child shall participate.

I certify that my child is in good health and may participate in physical activities associated with basketball's practices and games without limitation(s). The staff, managers or coaches of Marion basketball have my permission to arrange for and provide medical care in the event my child is injured.

Signed (Parent/ Legal Guardian): _____ Date _____

A \$30 (\$10 for those requiring financial assistance) check should be made out to Marion Recreation and sent with this form to Post Office Box 539, Marion, MA 02738.