

Marion Basketball Grades 4,5,6

508-748-2310 PO Box 539, Marion, MA 02738

marionrec@comcast.net

www.marionrec.org

Please print **Child's First name** _____ **Last name** _____

Current Grade: _____ **Phone 748-** _____ **Cell** _____

Email address _____

Address _____ **Post Office Box** _____

Insurance Company _____ **Policy number** _____

WHEN YOUR CHILD IS PART OF A TEAM, **YOU AS A GUARDIAN OR A PARENT MUST VOLUNTEER TO HELP IN SOME WAY.** The coaches cannot do it all! A variety of possibilities for volunteering are available Thank you for doing your part!

I am willing to be – _____ **Head coach** _____ **Assistant coach**
_____ **Scoreboard worker** _____ **Scorebook worker** _____ **Hall monitor**

Please fill out a CORI form

Informed Consent and Release Form

Release of Liability 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, contact with other players, being struck by a ball and other risk conditions associated with basketball. All such risks to my child are known and understood by me. Pictures of my child may be used by the Marion Recreation in its publications and displays. 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 Towns of Marion, its 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 a basketball 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.

Zero Tolerance Policy The Marion Recreation Committee approved a ZERO TOLERANCE POLICY to address adverse situations that may occur at any town related sporting event or activity. Our policy includes unruly and /or verbally abusive parents, spectators, coaches or players. Anyone, whose action disrupts, shows poor sportsmanship or in any way adversely affects the participants or programs offered by the Committee will be asked not to attend or participate in Marion Recreation Committee activities.

Does your child have any medical problems of which the coach should be aware? Please circle YES or NO

If yes, please explain _____

Signed (Parent/ Legal Guardian): _____ Date _____

Register by mail or at Registration Night

Additional forms are available on www.marionrec.org

Registration fee: \$80.00

(There is a \$25 fee for any child who needs financial aid.) For a full scholarship, please inquire at the Registration Night or at PO Box 539 or by calling 748-2310).

Payment must be made by check made out to Marion Recreation.

Please send this form and your check to PO Box 539 Marion, MA 02738.