



Thomaston Recreation Commission
c/o Town Hall 158 Main St. Thomaston, CT 06787
(860) 283-6927 web site: thomastonct.org

CHILD BASKETBALL WAIVER FORM

NAME OF CHILD _____ GENDER _____

NAME OF PARENT(S) _____

ADDRESS _____

PHONE: DAY _____ EVENING _____

GRADE _____ AGE _____ FEE _____

SHIRT SIZE: (Circle One) Childs: S M L Adult: S M L

Are you interested in trying out for the travel basketball team? _____
(travel teams are for: Boys grades 5th & 6th, and 7th & 8th; Girls grades 5th & 6th, and 7th & 8th)

MEDICAL INSURANCE AND NO. _____

ANY MEDICAL PROBLEMS? _____

I hereby give permission for _____

To participate in the above activity and agree that he/she will abide by all the rules and regulations of the facility/area and /or the Thomaston Recreation Commission, it's designated officers and agents.

In case of accident or illness, please contact _____
_____ at (phone) _____

My family physician is _____

In the event of an accident or injury, I hereby waive liability, as parents and guardian of the above child, for the Town of Thomaston, the Recreation Commission and their agents or employees, and will hold harmless. I understand that there is no medical insurance being provided by the Town of Thomaston or the Thomaston Recreation Commission.

DATED _____ SIGNATURE _____