



Thomaston Recreation Commission

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

CHILD BASKETBALL WAIVER FORM

NAME OF CHILD _____ GENDER _____

NAME OF PARENT(S) _____

ADDRESS _____

PHONE: DAY _____ EVENING _____

GRADE (as of September 2016) _____ AGE _____

EMAIL ADDRESS _____

ARE YOU REGISTERING FOR THE ABILITY TO TRYOUT FOR A **TRAVEL TEAM**? YES _____ NO _____ IF YES, THE **FEE IS \$100.00**

ARE YOU REGISTERING FOR AN **IN HOUSE** RECREATION BASKETBALL OPPORTUNITY IF THERE ARE SUFFICIENT REGISTRATIONS? YES _____ NO _____ IF YES, THE **FEE IS \$50.00**

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, its 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 _____

Are you interested in coaching? Yes _____ No _____