

CITY OF GARFIELD
RECREATION DEPARTMENT
466 MIDLAND AVENUE
GARFIELD, N. J. 07026
(973) 546-1700



BASKETBALL PROGRAM
BOYS & GIRLS
GRADES 5&6, 7&8

PARENT CONSENT SLIP

Registration fee \$25.00

NAME OF PLAYER _____ ADDRESS _____

PHONE # _____ SCHOOL _____ GRADE _____

AGE _____ SEX M ___ F ___ DATE OF BIRTH _____ HEIGHT _____ WEIGHT _____
month day year

**JUNIOR LEAGUE AGES: CHILD MUST NOT BE YOUNGER THAN 10 OR OLDER THAN 11 BY JANUARY 1.,
SENIOR LEAGUE AGES: CHILD MUST NOT BE YOUNGER THAN 12 OR OLDER THAN 14 BY JANUARY 1.**

DID YOUR CHILD PARTICIPATE IN THE PROGRAM LAST YEAR? YES ___ NO ___ TEAM _____

SHIRT SIZE ADULT ___ SMALL ___ MEDIUM ___ LARGE ___ X LARGE

DO YOU HAVE ANY PHYSICAL DISABILITIES YES ___ NO ___ ? IF YES EXPLAIN _____

DO YOU CARRY SCHOOL INSURANCE OR ANY OTHER INSURANCE ? _____

WHAT IS THE NAME OF THE INSURANCE COMPANY ? _____

PARENTS CONSENT:

WITH DUE KNOWLEDGE OF THE ACTIVITY MY CHILD IS TO UNDERTAKE, I ASSUME ALL RESPONSIBILITY AND RELEASE ALL OFFICIALS AND AUTHORITIES FROM ALL LIABILITIES FOR INJURIES OR LOSS OF EQUIPMENT FROM HIS OR HER PARTICIPATING IN THE PROGRAM AS SET UP BY THE RECREATION DEPARTMENT OR IT'S SUPERVISORS, WHETHER IT BE IN REGULAR CONTEST OR PRACTICE OR WHILE ENROUTE TO OR FROM PLACE OF CONTEST.

CONSENT FORMS MUST BE RETURNED TO THE RECREATION DEPARTMENT ON OR BEFORE NOVEMBER 20, 2018

PARENT OR GUARDIAN SIGNATURE

PLAYERS CONSENT:

THIS FORM WAS SHOWN TO MY PARENT AND WAS SIGNED AS LISTED ABOVE BY HIM OR HER.

PLAYER SIGNATURE