



FISHKILL RECREATION

793 Route 52, Fishkill, NY 12524 ~ tel. 845.831.3371 ~ fax 845.831.3169 ~ www.fishkillrecreation.com



Winter Hoops Registration Form



First Name		Last Name			Resident (Y/N)	
Address			City, State			Zip
Sex: M/F	DOB	Age	Grade during season	Shirt/Jersey Size		School Attending
				Youth: S M L Adult: S M L XL XXL		

PARENT INFORMATION:

Mother's Name	Mother's Cell	Mother's Email	If interested in volunteering to be a coach please check the box below. <input type="checkbox"/>
Father's Name	Father's Cell	Father's Email	If interested in volunteering to be a coach please check the box below. <input type="checkbox"/>

OTHER PERTINENT INFORMATION:

Please list any allergies, medications, or any medical information or other concerns that you feel the coaches and representatives of the Winter Hoops Program should know. Feel free to use the back of this sheet or attach an additional sheet if necessary.

Emergency Contact Name: _____ **Phone** _____

RECREATION WAIVER:

As the parent/legal guardian of the participant in the program listed, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risks of any injuries, damages, or loss that I sustain as a result of such participation. I further understand the Town of Fishkill does not provide accidental medical coverage, and it is my responsibility to provide appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Fishkill, the Recreation Department, and any officers, agents, and employees of the Town of Fishkill from any and all claims.

Parental Signature _____ **Date** _____

For Office Use Only:

Paid _____ **Check/Cash #** _____

Receipt # _____ **Date** _____