

Office Use
Date _____
Cash / Check # _____
\$ _____

Adult Basketball

PARTICIPANT'S NAME _____

ADDRESS _____

PHONE _____ ALTERNATE PHONE _____

EMAIL _____

Please list any medical problems, allergies or special assistance that staff should be made aware of regarding your child as a participant in this program:

I certify that the above information is true:

(PARTICIPANT'S SIGNATURE)

(DATE)

LIABILITY WAIVER

Know that I, _____, agree to participate in the Town of Windsor Locks **Adult Basketball Program**. In consideration for my ability to participate in the **Adult Basketball Program**, I agree, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Town of Windsor Locks Parks and Recreation Department, it's employees, agents and volunteers, from any injuries or damages caused by or resulting from participation in the Town of Windsor Locks **Adult Basketball Program**.

I certify that the above statements are true:

(PARTICIPANT'S SIGNATURE)

(DATE)