

HARBOR HOUSE ATHLETICS



Basketball \$40

Tennis \$45

TBall \$30

Soccer \$30

Player Registration

Player's Name: _____ Birthdate: _____ Age: _____

Address: _____ Town: _____ State: _____ Zip: _____

School attended: _____ Grade: _____ Any known medical condition: _____ (y/n)

If yes please explain: _____

Parent/Guardian Information:

Parent / Guardian name: _____

Address: _____ Town: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell#: _____ Email: _____

Name of emergency contact person: _____ Phone#: _____ Cell#: _____

Method of Payment:

Amount: _____ Check #: _____

Credit card please circle one: Visa MasterCard Amex

Name on card: _____

Card Number: _____ Exp. Date _____ / _____

I / WE THE PARENT (S) / GUARDIAN (S) OF THE ABOVE MENTIONED YOUTH, HEREBY GIVE PERMISSION FOR HIS /HER PARTICIPATION DURING ANY AND ALL ACTIVITIES RELATED TO THE SPORT IN WHICH WE HAVE ENROLLED OUR CHILD IN. I / WE HAVE NOTIFIED HARBOR HOUSE STAFF AS TO ANY HEALTH RISKS OUR CHILD MAY HAVE. I / WE ASSUME ALL RISKS AND RESPONSIBILITIES COINCIDENTAL TO THE CONTACT AND EXERCISE DURING AND AROUND THE ACTIVITY. WE FULLY RELEASE HARBOR HOUSE AND ALL ITS STAFF, VOLUNTEERS, SPONSORS, SUPERVISORS OR ANYONE CONNECTED TO HARBOR HOUSE IN ANY WAY FROM ANY AND ALL FORMS OF LIABILITY.

Parent / guardian signature: _____ Date _____