2023-2024 Gilford Youth Basketball Programs Grades 1-6

Participant's Name				
Address				
Home Phone		Al	Alt. Phone	
Grade Age	e Date of	Birth	Male/Fe	male
Parent's Name		Parent'	s Email	
Emergency Contact:	Name _		Phone	
	Relation	nship		
Please list any medica should be aware of:	al conditions, aller	gies or behavio	ral issues the particip	oant has that we
Please circle the prefe	erred uniform size	e <u>:</u>		
Youth Small You	th Medium	Youth Large	Adult Small	Adult Medium
By signing below, I gi sponsored by the Gilfo be taken during the course the Parks and Recreation the gym facilities must basketball is physical a including but not limit and bruising. I also ur child to exposure to the harmless the Gilford Purogram and the Gilfo to my child during the	ord Parks and Recreture of the program on Department's way take place on fleactivity with inherent to; paralysis, maderstand that partice COVD-19 virus. Parks and Recreation of School District for normal course of the course o	eation Department to be used for prebsite and/or factors that may be entrisks that may uscle pulls and stripating in the year I accept all risk in Department, the from any liability the above mention	nt. I understand that meromotional purposes of the book page. I understand with the come wet and/or slipped result in death, heat starting, broken bones, spouth basketball programs inherent to said activate ir staff and volunteer varising out of any injuried program.	by child's photo may or to be displayed on tand that participating ery. I understand that troke and injuries prains, cuts, scrapes in may subject my ity and do hereby hold as assisting with this tary which may occur
Parent/Guardian Signa				
Volunteers Needed!			n:	
Volunteer's Name			Phone #	
Volunteer Capacity: C	Coach Asst	. Coach	Referee Scorel	keeper
Division to volunteer:	Grades 1-2	Gi	rades 3-4 Girls	
Grades 3-4 Boys	Grades 5	5-6 Girls	Grades 5-6 Boys	