



**Town of Madison/Recreation Department
PROGRAM REGISTRATION FORM
PARENT/GUARDIAN ASSENT & RELEASE**

**Registration forms due to
Town office
or school office before
November 19, 2018**

Cheering Commissioner: Amber Noyes 860-0428 madisonvarsitycheer@gmail.com
Basketball Commissioner: Kristie LeBlanc 431-0174 anksl@beeline-online.net
Recreation Director: Chris LeBlanc 858-3544 chris.leblanc@msad59.org

Circle One:

Competition Cheering: **Grades K-2** **Grades 3rd – 5th** **Grades 6th – 8th**

Circle One: I would like to volunteer by: **Coaching** **Assistant Coach** **Helper**

All programs/teams are contingent on parent volunteers and coaches. If we do not get enough parent volunteers for a certain age group, there will be no program/team for that age group.

Madison Resident: (Circle one) YES or NO
(No longer a fee for non-residents)

CHILD'S NAME: _____ Age: _____

ADDRESS: _____

PHONE #: _____ BIRTHDATE: _____ GRADE (Fall 2018): _____

PARENT/GUARDIAN NAMES: _____

EMAIL _____ (PLEASE MAKE SURE THIS IS FILLED OUT TO BE ON THE MAILING LIST)

PLEASE LIST ANY ALLERGIES, MEDICAL CONDITIONS, PHYSICAL LIMITATIONS/RESTRICTIONS YOUR CHILD MAY HAVE: _____

Please note any special considerations for your child such as sisters/brothers needing to be on the same team or transportation issues. _____

I (WE) GIVE PERMISSION FOR EMERGENCY MEDICAL TREATMENT TO BE GIVEN TO OUR CHILD, INCASE I (WE) CANNOT BE REACHED BY PHONE. EMERGENCY CONTACT PERSON(S) & PHONE

1. _____ 2. _____

The undersigned being the parent or guardian of (child's name) _____, a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by the Town of Madison/ Recreation Department, and by this consent and assent do hereby assume all responsibility for any and all injuries and/or damages related thereto that said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said child to engage in said ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless Town of Madison/Recreation Department from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages. **Photographs: The Town of Madison/Recreation Department may take pictures of participants at our programs, activities or special events. Please be aware that the pictures may appear in future promotional materials, including local newspapers and our web site.**

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) _____

SIGNATURE OF PARENT/GUARDIAN: _____

TODAYS DATE: _____

ANSON REC. BASKETBALL SIGN UP

3RD – 6TH GRADE

The Anson Rec. Basketball program will have teams for 3rd – 5th. We will need parent volunteers to help make our Basketball program run smoothly.

Please return your permission slips to your school or the Anson Town Office no later than

November 19, 2018

If you have any questions please contact Tammy Murray at 696-3979.

I WILL BE ABLE TO COACH – (circle one) YES OR NO

This program is not affiliated with MSAD# 74_or RSU #59, which means no participants have access to inside the school and transportation is NOT provided. Children will be unsupervised if they arrive before practices or games begin and if they aren't picked up promptly after practices or games.

We recommend that your child

1. Uses the restroom @ home before arriving
2. Bring their own water
3. Dress appropriate: t-shirt, shorts or sweats, sneakers
4. PLEASE know that although we want the children to have fun, we also NEED them to be on their best behavior and listen carefully to the coaches while they are on the field. Fighting, pushing, inappropriate language, tripping and other unacceptable behavior will not be tolerated.

BASKETBALL PERMISSION FORM

I give _____ permission to play basketball with Anson Rec. and do not hold the Town of Anson, MSAD #74 & 59 or any volunteers responsible for any injuries that may occur. I assume all risks of any injury _____ may receive as a result of playing Basketball. UNIFORM SIZE YOUTH: S, M, L, XL or Adult S, M, L, XL

Parent/Guardian Signature

Date

Parent/Guardian name PRINTED

PHONE #

Childs Name

Grade

Emergency Contact Info (Name and Phone #)

Any medical conditions that you feel the coaches should know about? (Asthma, bee allergies, etc.)

Are you interested in being a volunteer? _____

Yes

NO

Name and Phone #