

North Harford Rec Council, Inc

Reset Form

Print Form

Registration Form

Instructions: please print this form, complete it and mail it with payment to the respective program chairperson.

Rec Program Name:

Child's Name: Boy Girl

Street Address: Date of Birth:

City, State, Zip: Uniform Size:

Parent Name(s):

Home Phone: Cell Phone:

Email Address:

PARENT OR GUARDIAN, PLEASE READ AND SIGN BELOW:

I understand that my child will **NOT** be covered by any program insurance, and I agree that I will not hold the team, program, coach, instructor, or NORTH HARFORD RECREATION COUNCIL responsible for any injuries received while participating in any North Harford Rec. program. I agree to demonstrate good sportsmanship at all times during practices and games, toward the coaches, officials, players and league personnel.

Parent / Guardian Signature: _____

Yes, I can help with one or more of the following: Coaching Fundraising

Please make checks payable to NHRC Check Number: Cash:

Any allergies, physical or medical conditions the coach should be aware of:

I would like to make an additional donation to the North Harford Rec Program: \$