NORTH HARFORD RECREATION COUNCIL, INC.

REGISTRATION FORM

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

(Area Code) Phone Number _____ DOB: Mo/Day/Yr _____ Age _____

_____ Cash _____ Check Uniform Deposit _____

Registration Fees (Individual) _____ Registration Fees (Family) _____

Note: A registration form must be submitted for each participant. Where family plan fees are paid, registration form numbers of other participants under the family plan must be entered here:

A _____

B _____

C _____

List any physical conditions or allergies _____

I understand that I/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 injuries received while participating in the above noted program. I also agree that I will be responsible for uniform and equipment issued to me/my child.

Parent's signature required for all program participants under 18 years of age.

_____
Signature of Athlete

_____
Parent's Signature

_____
Date

Office use only:
Date of Registration _____ Program or Activity _____

Registered by _____