

2014-2015 Basketball Registration/Emergency Form

(Please print clearly)

Student First Name: _____ Last Name: _____

Gender: (circle) M F (Male or Female) Age: _____ DOB: ____/____/____ T-shirt size: XS S M L XL
mm dd yyyy *Circle One*

School: _____ Grade: (circle one): K 1 2 3 4 5 6 7 8

Home Address: _____ City: _____ ST: _____ Zip: _____

Primary Parent/Guardian Name: _____ Relation to Child: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Cell Phone: _____ Email: _____

Secondary Parent/Guardian Name: _____ Relation to Child: _____

Home Phone: _____ Work Phone: _____ Ext. _____

Cell Phone: _____ Email: _____

To receive periodic class updates via the email addresses above, please check box

Emergency Contact Name (Other than Parent): _____

Relation to Child: _____ Phone: _____

Family Physician: _____ Phone: _____

List Health Problems: _____

List Allergies: _____

List Medications: _____

Please indicate if there are any parental restrictions (Please circle) Yes No

If Yes please explain (e.g., current restraining order): _____

Tuition enclosed \$ _____ Cash: _____ CC: _____ Bank Check #: _____ MO #: _____

I give permission to the Brockton Community Schools staff to perform emergency first aid or for professional medical attention to treat my minor child in case of an emergency. Further, I do hereby consent to the participation of my minor child in the Brockton Community Schools Programs and do forever RELEASE, ACQUIT, DISCHARGE, and COVENANT to hold harmless the Brockton Public Schools and the City of Brockton from any and all actions, cause of action, and claims on account of or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereinafter have as parent of said minor child and also all claims or right of action for damages which said minor child has or hereinafter may acquire either before or after said minor child has reached his/her maturity resulting from his/her participation in the Brockton Community School Programs.

Mandatory—Signature of Parent/Guardian: _____

I give permission to the Brockton Public Schools to publish, copyright, or use all films and photographs in which my son/daughter is included, whether taken by staff, students, or others. I further agree that the school can use these photographs and films for any exhibitions, displays, web pages and publications, without reservation or compensation.

Optional—Signature of Parent/Guardian: _____

The Brockton Public Schools does not discriminate on the basis of race, color, national origin, age, sex, veteran's status, sexual orientation, gender identity or disability in admission to, access to, treatment in or employment in its programs and activities. Procedures to ensure statutory provisions are delineated in the Brockton Public Schools Procedures Manual.