Cup Stacking

Child's Name: _____ Town:_____

Parents Name: _____ Home Phone:_____

Mailing Address: _____ Cell Phone:_____

_____ Work Phone:_____

E-mail Address:_____ Gender: M or F Grade:_____

Emergency Contact (if we can't reach you)_____

Please note anything we should know (medical, social, carpool issues etc:) about your child? _____

All sports are potentially dangerous and may result in personal injury to the player. You hereby are acknowledging that you are registering your child and accept the risks inherent in the sport. Additionally, you understand that any injuries or illnesses sustained by your child will be your responsibility to pay for and that there is no medical insurance granted to your player/child when they register for our program. You understand and give permission for us to seek appropriate medical care and transport in the case of injuiry or sudden illness.

Child's regular physician:_____ Phone:_____

Parnet/Guardian Signature:_____ Date:_____

This is not a School/ConVal Activity. Antrim Recreation is a tax-exempt Municipal organization.