

**MILFORD COMMUNITY SCHOOL USE PROGRAM
TRAVEL BASKETBALL LEAGUE 2017-2018
Registration Form**

NAME:	SEX: M F
DOB:	GRADE:
ADDRESS:	

PARENT/GUARDIAN NAME:	
DAYTIME PHONE:	EVENING PHONE:
CELL PHONE:	
EMAIL ADDRESS: _____ @ _____	

EMERGENCY CONTACT (other than parent/guardians)

NAME:	
RELATIONSHIP:	DAYTIME PHONE:
CELL PHONE:	EVENING PHONE:

- *No Refunds* unless a class is filled or cancelled.
- *Separate checks* and registration forms are required for each program.
- *No Confirmations* will be sent.
- *Fees are included in each program description.*
- *Late registrations may be accepted but fees will not be reduced.*
- *Make checks payable to **TOWN OF MILFORD - MCSUP***

**Mail to: MILFORD COMMUNITY PROGRAM
31 WEST FOUNTAIN STREET
MILFORD, MA 01757**

I/We, the parents/guardians of _____ hereby give my/our approval to his/her participation in the Travel Basketball Program during the current season. I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities; and I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the Milford Community School Use Program, the Town of Milford, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to or from the activities, for any claim arising out of an injury to my/our child to the extent covered by accident or liability insurance.

Date _____

Signature _____