

MILFORD COMMUNITY SCHOOL USE PROGRAM
TRAVEL BASKETBALL LEAGUE
Registration Form

Please submit registration form with check or money order, or exact cash. Any questions, please call the Milford Community Program office at (508) 478-1119. Registration forms and fees should be mailed to the office located at 31 West Fountain Street, Milford MA 01757.

MILFORD COMMUNITY PROGRAM
TRAVEL BASKETBALL LEAGUE

NAME:	SEX: M F
ADDRESS:	GRADE:

PARENT/GUARDIAN NAME:	
HOME PHONE:	CELL PHONE:
	CELL PHONE:
EMAIL ADDRESS:	@
EMAIL ADDRESS:	@

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 _____