

MILFORD COMMUNITY SCHOOL USE PROGRAM

www.milfordcommunity.com

**TRAVEL BASKETBALL LEAGUE  
Registration Form**

<b>NAME:</b>	<b>SEX:    M    F</b>
<b>DOB:</b>	<b>GRADE:</b>
<b>ADDRESS:</b>	

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

EMERGENCY CONTACT (other than parent/guardians)

<b>NAME:</b>	
<b>RELATIONSHIP:</b>	<b>DAYTIME PHONE:</b>
<b>CELL PHONE:</b>	<b>EVENING PHONE:</b>

- *No Refunds* unless a class is filled or cancelled.
- *Separate checks* and registration forms are required for each child.
- *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. I/We realize that my child may be photographed while attending the program. If I/we do not want my/our child to be photographed, I/we will advise the supervisors

Date \_\_\_\_\_

Signature \_\_\_\_\_