

Basketball Baseball Softball/T-Ball Other _____

No

(Please circle the appropriate sport activity for which you are completing this registration)

UPPER MT. BETHEL TOWNSHIP SPORTS PROGRAM REGISTRATION

387 Ye Olde Highway / P.O. Box 520

Mount Bethel, PA 18343

(570) 897-6127

Child/Player Name _____

Address: _____ Municipality: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Birth date: _____ Male: _____ Female: _____

E-mail: _____ Grade in School _____

Mother/Guardian Name: _____ Father/Guardian: _____

Emergency Contact (Name and Phone numbers) _____

Does your child have any medical condition that we need to be aware of? _____

I hereby give my consent to the Township to use my child's photograph, videotape footage, or artwork in Township publications, which include newspapers, newsletters, and the Township Webpage.

I hereby give permission for my child, _____, to participate in _____ during the athletic season _____ (year). I release Upper Mount Bethel Township, its officers, employees, agents and any other person connected with the Township, the Upper Mt. Bethel Recreation Board, its officers, coaches, referees, and any other person connected with this association from any responsibility for accidents or injuries resultant from my child's participation in said activity, including but not limited to games, practices, meetings and transportation to and from these activities. Further, I authorize the organization to provide emergency treatment of an injury to, or an illness of, my child if qualified personnel consider treatment necessary and to perform treatment. This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

I understand this informed consent form and agree to the conditions set forth in the above two (2) paragraphs on behalf of my child. Additionally, I have read, understand, and agree to the Parent Code of Conduct that has been provided to me.

Signature: _____ Print Name: _____ Date: _____

Check here if you would like to be contacted to volunteer in this activity, and provide information where you can be reached:

(Circle size) Child S M L Adult S M L XL XXL
(Shirt size) 6/8 10/12 14/16

Last Year's Coach: _____ Tournament Player? (Circle One): YES NO

For UMBT Use Only

Registration Fee \$ _____ Check # _____ Cash _____ Money Order _____

Other Fee \$ _____ For _____ Check # _____ Cash _____ Money Order _____

Date Paid: _____

Received By: _____