

**Essex Park & Recreation Registration Form**  
**Mail to: Town of Essex Park and Recreation**  
**29 West Ave**  
**Essex, CT 06426**

Please print using black or blue ink.

Parent or legal guardian must complete this form

Adult First Name	MI	Last Name	Address
Primary Phone (Required)	Alternate Phone		Email
Emergency Contact Name & Phone(s)			

Participant Name (First)	(Last)	Date of Birth	Sex	Grade/Teacher	Program Name	Check Box
					Buddy Basketball Player	
					Basketball Buddy	
					(please check the appropriate program )	

<b>SPECIAL CONCERNS:</b> List any special needs or health related concerns of participant	
<b>COMPLETE THE LINES BELOW FOR YOUTH BASKETBALL REGISTRATION ONLY</b>	<b>Buddy Basketball Sponsorship Fund</b>
Does your player participate in a travel basketball league? <input type="radio"/> Yes <input type="radio"/> No	Donation (optional)
<b>BASKETBALL T-SHIRT SIZE:</b> <input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL	<b>Made Payable to Essex Park &amp; Rec.</b>
Indicate willingness to be a youth basketball coach. <input type="radio"/> Coach or <input type="radio"/> Assistant	<b>Total</b>
<b>T-SHIRT SIZE:</b> (for applicable programs) <input type="radio"/> YS <input type="radio"/> YM <input type="radio"/> YL <input type="radio"/> AS <input type="radio"/> AM <input type="radio"/> AL <input type="radio"/> AXL	Payment Type: <input type="radio"/> Cash <input type="radio"/> Check
<b>PICK-UP CONTACT INFORMATION:</b> Please list all authorized adults who may pick up a child from a program	<input type="radio"/> Check # _____
<b>WAIVER OF PARTICIPANT BY PARENT OR SELF:</b> I hereby agree to release, discharge and hold harmless the Town of Essex, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Essex to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Essex does not provide insurance for recreational program participants. I further agree to abide by all rules, regulations, codes of conduct for all programs I am participating in. <b>Photo Release:</b> I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Essex to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.	

X Signature

Date