

# Colebrook Recreation Department

17 Bridge Street  
Colebrook, NH 03576  
Telephone: 603-237-5086  
Recreation Director  
Melissa Shaw



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## BASKETBALL CAMP REGISTRATION FORM

(Please Print)

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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Person to contact if parent cannot be reached: \_\_\_\_\_

Phone #: \_\_\_\_\_

Allergies, disabilities or other illness that would affect "normal" participation:	YES	NO
If yes, what?		

Is your child currently on any medication:	YES	NO
If yes, what and when does it need to be taken:		

The Colebrook Recreation Department has permission to use photos in which my child appears	YES	NO
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**\*Return completed 2-sided form and payment to  
Colebrook Recreation Department, 17 Bridge Street, Colebrook, NH**

I hereby pledge for myself, my heirs, executors or administrators to waive and release all rights and claims for damages I may have against the Colebrook Recreation Department. I also release the organization's coaches, volunteers, or officials for any and all injuries suffered by my child. Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to treat my child: \_\_\_\_\_ for anesthesia, medical, x-ray, and surgical procedures as may be deemed necessary or advisable. I understand that in an emergency every attempt will be made to communicate with me prior to use of this waiver.

Doctor's Name:

Doctor's Phone #:

Medical Insurance Company:

Policy Number:

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Parent/Guardian Signature

Date

<b>Program</b>	<b>Resident Fee</b>	<b>Non-Resident Fee</b>	<b>Total</b>
Early Release Basketball Camp	\$20	\$25	
		<b>TOTAL</b>	

Received by: \_\_\_\_\_

Cash/Check #:

**Checks Made Payable:** Colebrook Recreation Department

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