2024 SPRING CLINIC REGISTRATION

The undersigned being the parents or guardian of the child listed below a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by Bingham Recreation and by this consent and assent do hereby assume all responsibility for any and all injuries and /or damages related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless the Bingham Recreation, their officers, directors, agents, servants, and employees from any and all judgements, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or an behalf of said minor in respect of any claimed injuries or damages.

Photographs/Videos: Pictures and or videos of participants at our programs, activities or special events may be taken.

Child's First Name:____________________________ Child's Last Name:_________________________________

Grade:_______Birthday________ Age:_______ Name of School:__________________________

Sport:____

PARENT OR GUARDIAN INFO:

Name:_______________________________ Home Phone:_______________________

Work Phone:______________________________ Email:________________________

Address:____

I (we) give permission for Emergency Medical Treatment to be given to our child or have my child picked up, in case I (we) cannot be reached by phone.

Emergency Contact Info #1:____

Emergency Contact Info #2:____

Please list any allergies, medical conditions, physical limitations/restrictions your child may have:

____

Please circle size of T-Shirt:

Youth(SM) Youth(M) Youth(LG) Adult(SM) Adult(M) Adult(LG) Adult(XXL)

By signing below, I understand that if my child does not participate appropriately, I will be called and asked to pick him/her up immediately.

Signature of parent or guardian:____Date:______________________________