

MNBA YOUTH BASKETBALL

Registration & Insurance Requirement Form

Marple Newtown Leisure Services insures all of its activities for PUBLIC LIABILITY and PROPERTY DAMAGE only. Registrants, participants and general public use is at one's OWN RISK. Marple Newtown Joint Recreation Commission (aka., MN Leisure Services), Marple Township, Newtown Township, Marple Newtown School District, and any of their respective agents WILL NOT be responsible for any medical bills received as a result of any participation injury, in any of their programs, activities, or use of properties or facilities. All registrants, or parents/guardians of minor children, ARE REQUIRED to complete the following insurance information and certification, before they will be accepted into the program and allowed to participate. ALL MEDICAL CLAIMS MUST BE SENT TO YOUR PERSONAL HEALTH PLAN PROVIDER.

PLEASE PRINT

CHILD'S NAME _____ AGE _____ D.O.B _____ GENDER _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ FAMILY EMAIL _____

SCHOOL _____ GRADE _____

SHIRT SIZE (PLEASE CIRCLE) YM YL AS AM AL AXL

EMERGENCY CONTACT _____ PHONE _____

NAME OF INSURANCE PLAN _____

POLICY NO. _____ GROUP NO. _____

MOTHER'S NAME _____ HOME & CELL PHONE _____

NAME, ADDRESS & PHONE NUMBER OF MOTHER'S EMPLOYER _____

FATHER'S NAME _____ HOME & CELL PHONE _____

NAME, ADDRESS & PHONE NUMBER OF FATHER'S EMPLOYER _____

____ YES, I AM INTERESTED IN COACHING A TEAM NAME _____

PRIMARY EMAIL _____ PHONE _____

WORK PHONE _____ CELL PHONE _____

I have read the above requirements and fully understand its content, and hereby certify and agree to hold harmless, the parties of the MARPLE NEWTOWN JOINT RECREATION COMMISSION (aka., MN LEISURE SERVICES), for injuries sustained while participating in this program. In addition, I agree that pictures/video taken during this program can be used for future promotional purposes (news releases, web site, etc.). In the absence of a parent or guardian's signature below, payment of fees and/or participation in the program shall constitute acceptance of the conditions set forth in this release.

Parent/Guardian Signature

Date