CLARKSTON TOWN REGISTRATION SHEET

Please fill out all <u>applicable</u> areas: ***FEE:*** **$_____**

Participant's Name _____

Date of Birth _____/_____/_____ Age: _____ Male_____ Female____

Grade _____Current School _____ Home Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Phone _____

Other Information (allergies, medications, disabilities, behavioral problems, etc.) _____
_____

Shirt Size: _____ Pants/Shorts Size: _____

I am willing to volunteer as: Head Coach _____ Assistant Coach _____
Team Helper/Other _____

Due to the inability to grant ALL requests, we ask that you not request to be placed on a certain team or with a certain player/coach. Thank you.

I hereby certify that _____ is in normal health and capable of participating in the sports program listed above. I hereby also give my permission for emergency medical treatment and hold harmless Clarkston Town and coaches for accident or injury.

Parent/Guardian _____ Work Phone _____
(please print name)

Signature _____

RETURN COMPLETED REGISTRATION AND FEE TO THE TOWN HALL

FOR OFFICE USE ONLY:

Initials _____ Date _____ Amount Paid _____