

**Norway Recreation Department**  
**Age 4-5 Basketball Program Registration Form 2018**

**Tuesdays After School till 4pm March 6, 13, 20, 27 In Guy Rowe Gymnasium**  
**Students are to remain in their classroom until called to the gymnasium by the Office**  
**The focus will be on ball handling skills**  
**Parents are encouraged to come and watch,**  
**Siblings not in the Program must sit in the bleachers with their parents**  
**Parents/Guardians must pick up their children no later than 4pm at Guy Rowe Gymnasium**

PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ M or F Teacher: \_\_\_\_\_

Tele #: \_\_\_\_\_ Address: \_\_\_\_\_

Guardians Name/Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Guardians/Mom Phone # : \_\_\_\_\_ Guardians/Dad Phone # : \_\_\_\_\_

Emergency Contact Person(s):

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Information (allergies, etc.): \_\_\_\_\_

**Registration Fee: \$25.00** to be paid at time of registration; includes T-shirt and ball.  
Registration form must be received before child can attend program.

Registration Fee check payable to : 'Norway Recreation Department' ; send form & fee to:  
Debra Partridge, Norway Parks & Recreation Director  
Norway Recreation Department  
19 Danforth Street  
Norway, Maine 04268-6002

**RELEASE ASSUMPTION OF RISK, AGREEMENT TO INDEMNIFY AND HOLD HARMLESS, AND EMERGENCY MEDICAL RELEASE FORM:**

In consideration of the permission granted for the above named participant to take part in the Fall Basketball Program. I hereby release for myself and my heirs, the Town of Norway , its employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and property damages.

I recognize there may be inherent dangers in participating which may present a strain on the body and its parts , and furthermore, I represent to the best of my knowledge the participant is in the proper physical condition to allow participation. I therefore assume all risk associated with this program.

In the event of a medical emergency, I consent to the participant's treatment by a medical doctor and I agree to pay all costs associated with said treatment.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

Throughout the Program a picture may be taken of your child and put in the newspaper or on the Town of Norway web site.

\_\_\_ Yes, I give permission for my child's picture to be used \_\_\_ No, I do not want my child's picture used

SIGNATURE of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

E-mail address: \_\_\_\_\_