NORTHFIELD ALL SPORTS ASSOCIATION
-REGISTRATION FORM-

PLEASE PRINT

PARTICIPANT'S NAME: _____ _____/_____/_____ _____ GRADE: _____
LAST NAME FIRST NAME DATE OF BIRTH AGE

ADDRESS: _____

EMAIL ADDRESS; _____ MEDICAL CONDITION: _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

MOTHER'S PHONE NUMBERS: (1) _____ (2) _____ (3) _____

FATHER'S PHONE NUMBERS: (1) _____ (2) _____ (3) _____

IN CASE OF EMERGENCY CONTACT: _____ PHONE: (1) _____ (2)_____

SPORT	FEE	LEAGUE	COACH	ASSISTANT	SPONSOR	SNACK BAR

In consideration of acceptance of my registration I, intending to be legally bound do hereby for myself, my child, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damage which I/or my child may have or acquire against the organizers (Northfield All Sports Association and the City of Northfield) of this program individually or collectively for any and all injuries suffered by me/or my child at or during said program. REFUNDS MUST BE APPROVED BY THE ALL SPORTS ASSOCIATION AT A GENERAL MEETING. **MY SIGNING OF THIS FORM INDICATES THAT THE INFORMATION SUPPLIED ABOVE IS TRUE AND ACCURATE. I FURTHER UNDERSTAND THAT SHOULD ANY OF IT FOUND TO BE FALSE, MY CHILD WILL BE REMOVED FROM THE PROGRAM.**

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

AMOUNT PAID: _____ SPONSOR: _____
( ) CASH ( ) CHECK# _____ AMOUNT PAID: _____ CHECK # _____

DATE: _____ BIRTH CERTIFICATE: ON FILE: _____ NEEDED: _____