



GNG High School Patriots 2009 Summer Sports Registration

(for more information regarding the H.S. summer sports program call Gray Rec 657-2323)

STUDENTS NAME: _____ Age: _____ Entering Grade: _____

Mailing Address: _____ Town: _____ Zip: _____ Home #: _____

Mother's Name: _____ Work #: _____ Cell #: _____

Father's Name: _____ Work #: _____ Cell #: _____

E-mail addresses: _____

Emergency contact person (s) and # (s): _____

Medical conditions/concerns/medication/special needs: _____

Physicians Name and #: _____

Medical Insurance Coverage Company: _____ Policy #: _____

Please check off sport (s) participating in: _____ **GIRLS BASKETBALL (\$50)** _____ **BOYS BASKETBALL (\$45)**

_____ **GIRLS SOCCER (\$35)** _____ **BOYS SOCCER (\$40)** _____ **FIELD HOCKEY (\$40)** _____ **X-C** _____ **FOOTBALL (\$45)**

T-shirt size (please circle): AS AM AL AXL AXXL

TOTAL DUE: \$ _____

* **make check out to: Town of Gray**

I/we, the parents and/or guardian of the above named student hereby give my/our approval to **participate** in the 2009 GNG Summer Sport Program. I/we assume all risks and hazards incidental to such participation, including **transportation** to and from activities; and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Gray, SAD #15, it employees, officers, sponsors, participants and persons transporting my/our child to and from activities; for any claim arising out of an **injury** to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. In the event of illness or injury, I/we give my/our permission to seek any **emergency medical treatment** necessary. If there is any equipment/uniform issued to my/our child it will be returned in as good as condition as when issued except for normal wear and tear. I/we also grant permission for my/our son/daughter's **photo** to be strictly used for publication in local newspaper coverage, publications and any Gray Recreation Department promotions.

Parent / Guardian Signature _____ Date _____