

REC HOOPS COACHES REGISTRATION FORM

RETURN with CORI FORM TO by NOV 12:
Norwell Recreation, P.O. Box 295, Norwell, MA 02061



PLEASE PRINT

COACH'S NAME _____

ADDRESS _____

Street Town State Zip Code

Home Phone (____) _____ My Cell (____) _____

My e-mail _____

Check one: BOYS GR 5/6 **1126.411** _____ BOYS GR 7/8 **1126.412** _____
GIRLS GR 5/6 **1126.413** _____ GIRLS GR 7/8 **1126.414** _____

I want to coach with (1-3 names) _____

Parent's Name(s) _____

Mom's Cell (____) _____ Dad's Cell (____) _____

AGE _____ DATE OF BIRTH _____ GRADE _____

EMERGENCY CONTACT when a parent cannot be reached:

Name _____ Phone (____) _____ Relationship _____

Please note allergies, medications, or spec. needs _____

I realize that participation in the programs listed on this form involves some risk but regard the benefits to outweigh the risks. I agree to hold harmless the Town of Norwell, its employees/agents from claims or liability related to any accident that may occur. I give permission for medical treatment & x-rays to be given if needed.

Signature (REQUIRED) _____ **Date:** _____

Adult Participant or Parent if participant under 18