

# STRAFFORD RECREATIONAL SPORTS TRACK & FIELD REGISTRATION FORM 2007

Child's Name	__Male __Female
Date of Birth	
Street Address/PO Box	
Town, State, ZIP	
Home Phone	Work Phone
Parent/Guardian Name	email

<b>Age as of 12/31/07:</b> 9   10   11   12   13   14   15   16 <b>Shirt size:</b> __Adult   __Child    S   M   L   XL   XXL
---

Fee \$35 per  
child

### PERMISSION AND VERIFICATION

I hereby give my son/daughter/ward permission to participate in recreational sports and to go with the representative of Strafford Recreational Sports on trips necessary as common. I understand that by their nature, competitive athletics may put students in situations in which serious, catastrophic, and, perhaps, fatal accidents may occur.

In the event the above named student is injured, you are authorized to render first aid and/or secure medical treatment, including ambulance service if necessary.

My son/daughter/ward has medical and hospitalization policy with \_\_\_\_\_  
Policy Number \_\_\_\_\_

Does your student have any health limitations known to you that might be aggravated by any competitive sports participation?  
YES    \_\_ NO    \_\_\_\_ If YES, please explain \_\_\_\_\_

Is your student allergic to penicillin and/or tetanus toxoid? YES NO  
Other allergies \_\_\_\_\_

### INJURY

Both the parent (or guardian) and the student will affirm by signature that each understands the following statement regarding their ability in the event of student injury:

It is understood by the student and his/her parent/guardian, that Strafford Recreational Sports, Inc. assumes no liability for injuries incurred in Strafford Recreational Sports, Inc sponsored athletics. Any student injury must be reported to the coach before leaving the place of meet or practice in order that proper report is completed. All medical, hospital, ambulance or other such bills shall be charged to the parent/guardian and shall be considered the financial responsibility of such parent/guardian.

I agree to the conditions concerning injury (above), participation, and insurance.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

As parent or guardian of \_\_\_\_\_ I signify that the above information is acceptable and give full permission for him/her to participate and travel with the team during the entire season.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This complete registration packet may be mailed, with payment, to:  
Kathleen Pratt c/o Strafford Recreational Sports, PO BOX 261, Strafford, NH 03884  
or bring completed registration packet and payment to our first practice on Monday April  
30th at 6pm at the National Guard Facility next to the Hill Library**

**EXTRA COPIES OF THIS FORM AVAILABLE AT [www.straffordtrack.org](http://www.straffordtrack.org)**