

Today's Date: _____

Email Address: _____

Ellen Lambert Murphy Memorial Center
20-21 Durkee Street
PO Box 82
Winchester, NH 03470
603/239-4316 Fax 603/239-6713
www.elmmcenter.net
Sports Registration Form

Section #1 Contact Information

Participant: _____ Are you over the age of 18? Yes/No Program: Summer Hoops Basketball

Address: _____ Male: _____ Female: _____

Parents Name: _____ Grade: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____ Cell Phone #: _____

Section #2 Emergency Contact

Name of Emergency Contact: _____ Phone#: _____

Participants Insurance Co.: _____ Policy#: _____

Section #3 Medical Information

Medical Information:

Any Allergies? _____ Allergic to drugs? _____
Does Participant suffer from: Asthma _____ Diabetes _____ Epilepsy _____
Is there any additional information we should know?

Section #4 Shirt Info

Shirt Size:
Adult Sm. _____ Md. _____ Lg. _____ XL. _____ XXL. _____ Other _____ (please indicate size)

Section #5

I authorize the Ellen Lambert Murphy Memorial Community Center to provide emergency treatment to any injury or illness that I may experience. This authorize is granted only in life threatening situations.

I am aware that participating in Summer Hoops Basketball can be potentially hazardous. I assume all risks associated with participated in this program, including but not limited to falls, contact with other participants, the efforts of the weather, traffic and other reasonable conditions associated with the program. All such risks are known and appreciated by me. I understand this consent form and agree to its' conditions.

Participants Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Would you be willing to Assist or Volunteer Coach? YES OR NO
Comments? _____

