

Over 39 Basketball Registration

PLEASE PRINT

LAST NAME	FIRST NAME	AGE
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STREET ADDRESS	TOWN	ZIP
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E-MAIL ADDRESS	PHONE NO.
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EMERGENCY CONTACT	RELATIONSHIP	PHONE NO. (in addition to home phone)
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MEDICAL CONDITIONS

As in any activity, there are inherent risks and injuries that may occur. I hereby release and discharge the Township of Mt. Olive, its agents, employees, appointed officials, volunteers, commissions, or associations from any and all actions for losses, damages, or personal injuries to myself which may occur or arise out of my participation in the above activity.

SIGNATURE _____ **DATE** _____