

BASKETBALL REGISTRATION



Name: _____

Address: _____

Phone #: _____

Grade: _____ Male ___ Female ___

T-Shirt Size: _____

Emergency Contact & Phone Number:

I authorize the Burlington Activities Department to record and photograph the image of my child if under 18 for use in advertising, education and promotional programs. I also recognize that these audio, video and image recordings are the property of the Burlington Activities Department.

_____ Yes, I authorize use of my image or voice.

_____ No, I do not authorize use of my or my child's individual image or voice.

Registration Deadline January 11, 2011

Return Registration & Waiver to:

Burlington Activities Department

340 So. 14th Street