

PARENT PERMISSION SLIP – RED LION RECREATION  
ACTIVITY: E.Y.C. BASKETBALL

CHILD'S NAME \_\_\_\_\_ GENDER: MALE \_\_\_ FEMALE \_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ GRADE \_\_\_\_\_

**JERSEY SIZE(ADULT):** SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ XL \_\_\_

**WE NEED COACHES – CHECK HERE IF INTERESTED** \_\_\_\_\_

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ABOVE MENTIONED ACTIVITY AND VOLUNTARILY WAIVE AND RELEASE THE RED LION RECREATION COMMISSION, AND RED LION SCHOOL DIST. AND IT'S EMPLOYEES AND VOLUNTEERS FROM ANY CLAIM DUE TO PERSONAL INJURY OR DAMAGE DURING ANY TIME ASSOCIATED WITH THIS ACTIVITY. I REALIZE THERE IS A RISK OF BEING INJURED THAT IS INHERENT IN ALL SPORTS. I REALIZE THE INJURY MAY BE SEVERE, INCLUDING FRACTURES, BRAIN INJURY, PARALYSIS, AND POSSIBLE DEATH. IN THE EVENT OF INJURY, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT, IN THE EVENT OF MY ABSENCE.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

DATE \_\_\_\_\_

PRINT PARENT'S NAME \_\_\_\_\_

**MAIL FORM WITH CHECK TO: RED LION RECREATION – P.O. BOX 158 RED LION 17356**

**FEES: \$90.00 RED LION/WINDSOR BOROUGH, WINDSOR TOWNSHIP RESIDENT - \$100.00 NON-RESIDENT**

CREDIT CARD INFORMATION:

NAME ON CARD: \_\_\_\_\_

CARD TYPE(VISA,MC): \_\_\_\_\_ CARD # \_\_\_\_\_

EXP DATE: \_\_\_\_\_ 3 DIGIT CVV CODE(BACK OF CARD) \_\_\_\_\_