



VETERANS DAY BASKETBALL BONANZA REGISTRATION FORM

Child's Name: _____ Grade: _____

Address: _____

Home Phone: _____

Cell Phone 1: _____

Cell Phone 2: _____

Email: _____

I hereby give my permission for the above registrant to participate in this program. I understand that CCHS Basketball carries no insurance for participants. I agree to hold harmless CCHS and/or its employees and volunteers from claims or liabilities related to any accidents that may occur. I give my permission for medical treatment to be given if the need arises.

Parent Signature: _____

Date: _____

**Return by mail: Aaron Joncas
CCHS
500 Walden Street
Concord, MA 01742**