



OFFICIAL M.R.P.A./RED CLAWS HOT SHOT REGISTRATION FORM

Hot Shot Participant Information:

Participant's Name: _____ Phone: _____

Email (print clearly) _____

Street Address: _____

City, State, Zip Code: _____

Date of Birth: _____ Name of School: _____

Age (as of March 31, 2019) _____

Local Recreation Center: _____

Age Group (Please check one): Boys 9-10 Girls 9-10

Boys 11-12 Girls 11-12

Boys 13-15 Girls 13-15

Note: Age group is determined by participant's birthday as of March 31 of this year.

Risk of Assumption:

I understand my child, _____, will be registered and participating in the Maine Recreation & Parks Association (M.R.P.A./Red Claws Hot Shot Competition. I certify all information on this form is correct. I hereby release M.R.P.A and the sponsoring community recreation department for any injury to person or equipment during this program, including but not limited to claims for personal injuries resulting from or arising out of negligence of the sponsoring community recreation department.

I understand my child's age is interpreted for this event as of March 31, 2019

I hereby grant permission to M.R.P.A. to take pictures of my child for press releases and release all information on my child's information to media sources (i.e. score, hometown, age, etc.).

I agree to the aforementioned.

Parent's Signature: _____ Date: _____
(if under 18 years of Age)

Participant's Signature: _____ Date: _____