

## OFFICIAL M.R.P.A. HOTSHOT REGISTRATION FORM

### **Hotshot Participant Information:**

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Name of School: \_\_\_\_\_

Age(as of March 31)\_\_\_\_\_

Local Recreation Center: \_\_\_\_\_

Age Group (Please check one):

<input type="checkbox"/>	Boys 9-10	<input type="checkbox"/>	Girls 9-10
<input type="checkbox"/>	Boys 11-12	<input type="checkbox"/>	Girls 11-12
<input type="checkbox"/>	Boys 13-15	<input type="checkbox"/>	Girls 13-15
<input type="checkbox"/>	Boys 16-18	<input type="checkbox"/>	Girls 16-18

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.) Hotshot 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<sup>st</sup> of the current year.

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: \_\_\_\_\_