



NCRTA 2010 Sport Meet Registration Form

I, the parent/guardian of the children participation of NCRTA sports meet games, agree that I will abide by the rules of National Capital Region Tamil Association (NCRTA). Recognizing the possibility of physical injury associated with NCRTA sports meet games; I hereby release, discharge and/or otherwise indemnify NCRTA and the coaches against any claim as a result of my child/Children participation in the program.

First Name	Last Name	Date of Birth (dd/mm/yyyy)	Address	Phone	Emergency Contact Name/Phone	Parent/Guardian Signature

-----Office Use Only-----

Fee Paid: \$_____ Method of Payment: Cheque Cash

Registered by: _____