



NCRTA Sport Meet Team Registration Form

I, the participant, 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 participation in the program.

#	First Name	Last Name	Date of Birth (dd/mm/yyyy)	Address	Phone	Emergency Contact Name/Phone	Signature
1)			/ /		() -		
2)			/ /		() -		
3)			/ /		() -		
4)			/ /		() -		
5)			/ /		() -		
6)			/ /		() -		
7)			/ /		() -		
8)			/ /		() -		
9)			/ /		() -		
10)			/ /		() -		

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

Fee Paid: \$ _____

Method of Payment: Cheque Cash

Registered by: _____