



OLD LYME PARKS AND RECREATION  
**YOUTH BASKETBALL**  
2014 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME \_\_\_\_\_

GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX (M) \_\_\_\_\_ (F) \_\_\_\_\_

NAME OF PARENT/ GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**PHONE NUMBERS IN CASE OF EMERGENCIES**

HOME \_\_\_\_\_ WORK \_\_\_\_\_ OTHER \_\_\_\_\_

**RELEVANT MEDICAL INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_

I HEREBY GIVE MY CONSENT TO ALLOW MY CHILD TO PARTICIPATE IN THE PARKS AND RECREATION PROGRAM LISTED ABOVE AND GIVE PERMISSION FOR ALL PARKS AND RECREATION EMPLOYEES TO ACT AS NEEDED IN CASE OF EMERGENCIES. BY SIGNING THIS FORM I UNDERSTAND THAT I ASSUME ALL RESPONSIBILITY FOR ANY INJURIES INCURRED.

**\*\* VOLUNTEER COACHES ARE NEEDED  
AND ARE ESSENTIAL TO THE SUCCESS OF THE PROGRAM \*\***

I AM INTERESTED IN COACHING YES \_\_\_\_\_ NO \_\_\_\_\_

SIGNATURE OF PARENT/ GUARDIAN \_\_\_\_\_

\$40 PER CHILD/ \$65 PER FAMILY  
MAKE CHECKS PAYABLE TO "OLD LYME PARKS AND RECREATION"  
COMPLETED FORM & PAYMENT CAN BE DROPPED OFF AT THE OL TOWN HALL/ P&R AREA  
OR SENT TO OLD LYME PARKS & REC 52 LYME ST OLD LYME CT 06371

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THIS SECTION TO BE COMPLETED BY PARKS AND RECREATION  
AMOUNT PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_