

Clinton Parks & Recreation Youth Basketball Program

BOYS & GIRLS in 5th - 8th Grade Intermediate / Senior Divisions

Practice is one night a week - Games are on Saturdays

A COACH WILL CALL YOU WITH GROUP INFORMATION

Online Registration Available at: [HTTPS://parkrec.clintonct.org](https://parkrec.clintonct.org)

Registrations Online or using this form are **DUE BY November 1st, 2017!!**

Clinic Dates: November 4th & 11th at Morgan Gym TIMES TBA!!

Fee: \$45 Per. Child (Includes a T-Shirt) **A late Fee of \$10 after Nov. 1st, 2017!!**



Please return registration to the Park & Rec Dept., 201 Killingworth Turnpike, Clinton, CT 06413

If you owe money to the P & R Office, your child will not be allowed to register until your balance is paid in full. There is a mail slot available 24/7 on the left side (red door) of the P & R Building if you want to drop off your form with payment.

Child's Name: _____ Home Phone: _____

Height: _____ Age: _____ Date of Birth: _____ Grade: _____ Circle: F/M Circle Division Grade: 5/6 or 7-8

Street: _____ City: _____ State: _____ Zip: _____

Allergies/Medical: _____

Doctor's Name: _____ Phone: _____

Emergency Contact: _____ Best Phone: _____

Shirt Size (Please Circle): YS (6-8) YM (10-12) YL (14-16) AS (34-36) AM (38-40) AL (42-44) AXL (46)

Mothers Name: _____ Cell Phone: _____

Fathers Name: _____ Cell Phone: _____

Best Phone: _____ Email Required: _____

Would You Like To Volunteer to Coach or Assistant Coach? Y / N

If YES Name: _____ Best Phone: _____

I give permission for my child to participate in this program. I understand that the Recreation Department, the Town of Clinton, and any other person will not be responsible for any injuries as a result of participating in this program. I understand that I must carry my own accident and liability insurance for my child. I am familiar with the inherent risks of this program.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

OFFICE USE: PAYMENT AMT: _____ CHECK#/CASH #: _____ DATE _____

