



Clinton Parks and Recreation

2017-2018 TRAVEL BASKETBALL

(Grades 4 – 8: Boys & Girls)

Child's Name: _____ M or F

Address: _____ Town: _____ Phone: _____

Grade: _____ Age: _____ Date of Birth: _____

Team: _____ Coach: _____

Mother: _____ Work or Cell #: _____

Father: _____ Work or Cell #: _____

Email Address (Please Print Clearly): _____

Doctor's Name: _____ Phone: _____

Allergies/Other Medical Conditions: _____

Name to call in case of an emergency other than yourself:

1. _____ Phone: _____

Shirt Size: (Please Circle One Size *if purchasing just the Shirt: Price \$30.00*)

YM (10-12) YL(14) AS (34-36) AM (38-40) AL (42-44) AXL (46)

Short Size: (Please circle One Size *if purchasing just the Shorts: Price \$15.00*)

YM YL AS AM AL AXL

I give permission for my child to participate in any and all Basketball Activities. I understand that the Recreation Dept. will not be held responsible for any injuries as a result of participation in the Basketball Program. I also understand that I must carry Accident and Liability Insurance for my child. You may also contact my child's doctor in an emergency if I cannot be reached. I also understand the inherent risks of playing Basketball.

Parent/Guardian Signature: _____ Date: _____

FEE: \$130.00 per child, \$195 for two children, \$240.00 for three or more players in a family, registration fee plus the cost of buying a full uniform at \$45.00 each, if needed. Girls Grade 4 will be charged \$65.00 instead of \$130.00 per child.

All registrations and payments will be done online at <https://parkrec.clintonct.org> or at the Park and Recreation Office.

All outstanding balances must be paid in full before your child can register for this program.

Website: <https://parkrec.clintonct.org>

Email: lruggiero@clintonct.org

Payment Rec'd _____ Check# _____ Cash _____ Date Paid _____