

OLD LYME PARKS AND RECREATION
WILDCAT BASEBALL CAMP

2009 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

GRADE _____ BIRTHDATE _____ AGE _____ SEX (M) _____ (F) _____

NAME OF PARENT/ GUARDIAN _____

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.

SIGNATURE OF PARENT/ GUARDIAN _____

**CAMP HELD AT CROSS LANE PARK
LITTLE LEAGUE FIELD
JUNE 29-JULY 2 (RAIN DATE JULY 3)**

(PLEASE CHECK ONE)

SESSION 1 9AM-12 NOON AGES 7-9 _____
SESSION 2 12:30PM-3:30PM AGES 10-12 _____

T-SHIRT SIZE CIRCLE ONE YS YM YL AS AM AL

\$85 PER CHILD/ \$65 EACH ADDITIONAL SIBLING
MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION

TO BE COMPLETED BY PARKS AND RECREATION
AMOUNT PAID _____ CHECK # _____ CASH _____