

OLD LYME PARKS AND RECREATION
WILDCAT BASKETBALL CAMP
2016 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

PARTICIPANT'S NAME _____

2016-2017 GRADE _____ BIRTHDATE _____ AGE _____ SEX (M) _____ (F) _____

NAME OF PARENT/ GUARDIAN _____

ADDRESS _____

CONTACT NUMBERS / INFORMATION

HOME _____ WORK _____ OTHER _____

EMAIL _____

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 _____

CAMPS HELD AT THE LYME/OLD LYME MIDDLE SCHOOL GYM

_____ BOYS GRADES 3-7 JUNE 27-JULY 1 9:00 AM-1:00 PM
FEE \$90 / EACH ADDITIONAL SIBLING \$80

_____ GIRLS GRADES 4-8 JULY 11-15 9:00 AM-1:00 PM
FEE \$90 / EACH ADDITIONAL SIBLING \$80

MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION

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