

OLD LYME PARKS AND RECREATION  
**WILDCAT BASKETBALL CLINIC**  
2013 REGISTRATION FORM

PLEASE FILL OUT A FORM FOR EACH PARTICIPANT

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

2013-2014 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 \_\_\_\_\_

CHECK WHICH CLINIC YOU WILL TO ATTENDING  
**CLINICS ARE HELD AT THE LYME/OLD LYME MIDDLE SCHOOL GYM**

\_\_\_\_\_ GIRLS GRADES 3-7 JULY 15-19 9:00 AM-1:00 PM  
FEE \$90 / EACH ADDITIONAL SIBLING \$80

\_\_\_\_\_ BOYS GRADES 3-7 JULY 22-26 9:00 AM-1:00 PM  
FEE \$90 / EACH ADDITIONAL SIBLING \$80

**MAKE CHECKS PAYABLE TO OLD LYME PARKS AND RECREATION**

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TO BE COMPLETED BY PARKS AND RECREATION

AMOUNT PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \_\_\_\_\_