Hebron Parks and Recreation 15 Gilead St Hebron CT Office Address: 148 East Street 860-530-1281 860-228-5912 FAX www.hebronct.com

Hebron Parks and Recreation 2017-2018 Youth Basketball Registration Form



Please fill out this form in its entirety. Registration will not be complete until we receive full payment for the program. Any questions in regard to the form or the program can be addressed by calling the Parks and Recreation office at 860-530-1281. Registration information is only used for Parks and Recreation purposes and will not be shared or sold.

Participant's Name:				
Address:		Town:		Zip
DOB:Age: 0	Grade:	Male I	emale	
Parent/Guardian Name:				
Email:			Cell/Work Phor	ne:
Emergency Contact Person:		Emergenc	y Contact Phone:	
Please list any medical concerns or medication.	s taken regularly.			
Program Information				
The following is a list of programs and their co Deadline to register for grades 1 - 8 is October Teams for grades 3-12 may play teams from If the participant plans on trying out for the Hig	other towns and mar	y also play games in othe	er towns.	Does the participant plan to try out for the High School team? Yes No
Grade 1&2 \$55.00 per child	Grade 7&8	\$132.00 per child		Will the participant be
Grade 3&4 \$85.00 per child	Grade 9-12	\$132.00 per child		trying out for a travel team?
Grade 5&6 \$114.00 per child		fee if you are placed on a tra or the balance. (Includes jers		Yes No
Select T-Shirt Size Vouth Small Youth Medium Youth Large Small Medium Large Extra Large	Hebron Parks & Recreation's goal for youth basketball is to provide a fun, safe and meaningful experience to all participants. To accomplish this we need the assistance and understanding of every parent.	PHOTO POLICY: By registering for a program, you give us permission to take and publish photos of the participant. If you do not wish to be photographed, you must include this request in writing along with your registration.	REFUNDS: All program commitment needs to staff. Therefore, ref following circumstance the Parks & Recreation a medical reason and w doctor. If a program replaced with someone no refunds once a cl cancellations and change	ms are self-supporting and a b be made to instructors and unds are issued only in the s: If a program is cancelled by Department or on request for with written notification from a n participant's spot can be from a waiting list. There are ass has begun. All program ges are subject to a \$15.00 fee lecks there is a fee of \$20.00.
Coaching Volunteer coaches and assistants function poperly. If you are a coaching, please fill out the o	parent or guardian of	the applicant and you are	interested in	Head Coach Assistant

Name:	_Home/Cell/Work Phone:	

Email:

I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors, coaches, assistant coaches, referees and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

Parent/Guardian Signature: