

**Leominster Recreation Department**  
**Basketball Registration Winter 2011/2012**

Date received: \_\_\_\_\_  
Time received: \_\_\_\_\_  
**Office Use Only**

The Recreation Department is hosting a variety of programs this spring/summer. Please use this registration form to sign-up for youth programs. Grades 1-8 or grades 9-12. Please write in the program you are registering for. Registrations are done on first-come first serve basis or lottery with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factor affecting the program.

Please check here if interested in volunteering as a coach. \_\_\_

We greatly appreciate your help with speeding up the registration process. \$60.00 grades 1-8. \$60.00 grades 9-12.

**LEAGUE REGISTERING FOR:** \_\_\_\_\_

**SHIRT SIZE: PLEASE CIRCLE THE CORRECT SIZE**

Youth Small    Youth Med    Youth Large    Adult Small    Adult Med    Adult LG    A-XL    XXL

Participant Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**OFFICE USE ONLY: Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Cash: \_\_\_\_\_ Receipt #: \_\_\_\_\_**

\*When emergency situations arise, we want to be able to handle them according to your wishes, if possible. Please fill in ALL the following information. Indicate by number ( ) the order of preference for contacting the people listed.

Mother's Name: \_\_\_\_\_ ( ) Mother's Phone #: \_\_\_\_\_  
( ) Mother's Work #: \_\_\_\_\_ ( ) Mother's Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ ( ) Father's Phone #: \_\_\_\_\_  
( ) Father's Work #: \_\_\_\_\_ ( ) Father's Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ ( ) Emergency Phone: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ ( ) Doctor's Phone: \_\_\_\_\_

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_  
ANY SPECIAL MEDICAL CARE? \_\_\_\_\_  
ACTIVITY RESTRICTIONS: \_\_\_\_\_  
MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)  
1. \_\_\_\_\_ 2. \_\_\_\_\_

**THIS FORM  
MAY BE  
DUPLICATED.**

**PHOTOGRAPHY CONSENT AND WAIVER**

\_\_\_ My child \_\_\_\_\_ has permission to be photographed during Recreation programs for publicity purposes by members of the press.  
\_\_\_ My child \_\_\_\_\_ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.  
\_\_\_ My child \_\_\_\_\_ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

**NO REFUNDS GIVEN IF PROGRAM IS NOT CANCELLED.**

**Sign Here:** Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_