

CLINTON PARKS AND RECREATION

Website: www.clintonparkrec.com

PROGRAM INFORMATION:

Program _____ Session _____ Fee _____

Have you participated in this program previously? Yes _____ No _____ If yes, when _____

Team _____ Coach _____

PLAYER INFORMATION:

Last Name _____ First Name _____

Street _____ Town _____ State _____ Zip _____

Phone _____ D.O.B. _____ Age _____ Height _____ Sex: M/F _____

School _____ Grade (In Sept.) _____

Father's Name _____ Work # (____) _____ Cell # (____) _____

Mother's Name _____ Work # (____) _____ Cell # (____) _____

Parent E-mail _____ Player E-mail _____

Shirt Size _____ (Youth: YS, YM, YL, YXL Adult: AS AM AL AXL)

EMERGENCY INFORMATION:

Player's Physician _____ Phone _____

Allergies _____

Other Medical Conditions _____

In an emergency when parents cannot be reached, please contact:

Name _____ Phone _____ Relation _____

VOLUNTEER'S:

Thank you for volunteering, the Clinton P&R and the players need your support for Youth Basketball and Girl's Softball (grades1-3).

Name _____ E-mail Address _____

Volunteering as: Head Coach, Assistant Coach, Referee _____

Are there other people you would like to coach with? _____

Seasons you have coached? _____

I give permission for my child to participate in the program listed above. I understand that the Recreation Department, the Town of Clinton, and any other town agency will not be held responsible for any injuries as a result of participating in the program listed. I also understand that I must carry accident and liability insurance for my child.

PARENT SIGNATURE _____ DATE _____

Non-residents add \$5.00 for each program.

Please make checks payable to Clinton Parks and Recreation

Drop off or mail to Clinton P&R, 201 Killingworth Turnpike, Clinton, CT 06413

Payment Rec'd _____ Check # _____ Cash _____ Date Paid _____