

Recreation Basketball Registration Form

Return Form (with appropriate fees) to: Plainfield Recreation 482 Norwich Road Plainfield 06374

Name _____ Birthdate _____

T-Shirt Size - circle: Youth: (Small 6-8) (Medium 10-12) (Large 14-16)
Adult: (Small 34-36) (Medium 38-40) (large 42-44) (extra large 46-48)

Home Phone # _____ Work Phone # _____ 2010-2011 Grade _____

Mailing Address _____ Cell Phone # _____

Town _____ Zip Code _____

Street Address (if different) _____

Child's Mothers Full Name _____ WORK PHONE # _____

Child's Fathers Full Name _____ WORK PHONE # _____

Who may we contact other than those listed above in case of emergency?

Name	Phone	Relationship
------	-------	--------------

List any medical, allergies or physical limitations and/or special needs/conditions we should be aware of _____

List any medication you or child is taking _____

Hospital preference: _____ Backus Hospital, Norwich or _____ Day Kimball Hospital, Putnam

I understand the type of program I (or my child) is enrolling in and furthermore I (they) are physically capable of participating in such program. I have been given the details of the program and have read information on rules, regulations, and fees. I (they) will abide by these rules or will be removed from the facility or loss of privileges. Rules and regulations are posted at facilities and recreation office.

In case of an accident I give permission to the program staff, if they are unable to contact me to seek appropriate medical treatment for my child as may be indicated at the time. I hereby release and hold harmless, the Town of Plainfield, it's employees, contracted instructors and volunteers from any liabilities which may occur while traveling to and from or participating in the activity of the Town of Plainfield. I further understand that the Town of Plainfield does not provide accidental/medical insurance for program participants.

I give permission for my child to travel by bus and participate in any field trip that are part of this program. I give permission for the staff or local newspaper to photograph myself or child for the purpose of promoting this program.

PARTICIPANT or Parent/Guardian Signature **Date**

Refunds may be given if participant cancels two weeks prior to start of program (some programs have a non-refundable registration fee or deposit). Credits will be given up to the first week of program. There are no credits or refunds for most trips.

PEE WEE _____ JUNIORS _____ SENIORS _____ MASTERS _____

Fee paid _____ Receipt # _____ Date _____

Revised 10/09