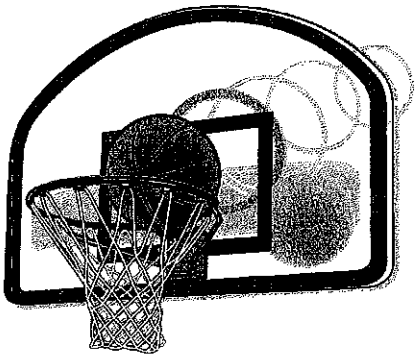
2015 BASKETBALL REGISTRATION FORM
LITCHFIELD RECREATION
2400 HALLOWELL RD., LITCHFIELD MAINE 04350



Player's name:_____ Grade:_____

Male _____ Female_____ Date of birth:_____

Mothers name_____ Cell#_____

Fathers name:_____ Cell #_____

Street Address (please NO P.O. boxes):_____

City:_____ State:_____ Zip:_____

Email address:_____

Cost is $30

Registrations are due back by November 16th, late registrations will be $10 extra.

Players shirt size: youth sizes: ☐ small ☐ med ☐ large adult sizes: ☐ small ☐ med. ☐ large

Do you have health insurance? ☐ yes ☐ no Carrier?:_____

Please list any known allergies your child has:_____

Please list any physical impairments your child has: _____

Parent is willing to coach_____ assist_____ Referee_____

which parent:_____ shirt size:_____

Please read and check which option you agree with below:

_____ I agree to have my child participate in this season's fundraiser and earn an additional $35.00 for the league.

_____ I agree to pay an additional $35 (per family) to the original registration fee with the understanding that my child (or children) will not be required to participate in this season's fundraising efforts.

Parents signature:_____

All registration fee's are due at the time of registration and are non-refundable, the only exception to this rule will be if the parent provides a doctor's note stating that the child cannot participate in the sport due to illness or injury.

*****Please note that your child will not be allowed to practice or play this sport if you owe any outstanding fee's from previous season's.**