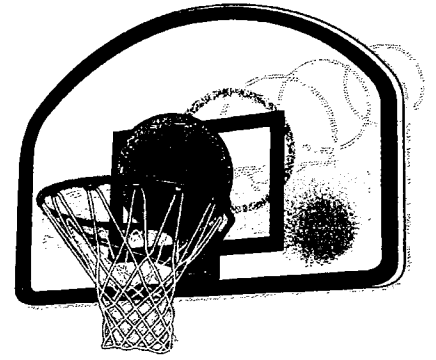


2017 BASKETBALL REGISTRATION FORM
LITCHFIELD RECREATION
2400 HALLOWELL RD., LITCHFIELD MAINE 04350



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 13th, 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.

I understand that parents or children who are not acting in a sportsmanlike manner may be asked to leave the premises of practices or games. Such behavior would be using foul language, fighting and excessive arguing with coaches or officials

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.**