



2019-20 BASKETBALL REGISTRATION FORM

LITCHFIELD RECREATION

2400 HALLOWELL ROAD, LITCHFIELD, MAINE

Player's name: _____ Grade: _____

Male: _____ Female: _____ Date of birth: _____

Mother's name: _____ Cell # _____

Father's name: _____ Cell # _____

Street address (please no P.O. boxes) _____

City: _____ Email address: _____

Cost is \$40. Registrations are due back by Nov 12th! Late reg will be \$15 extra.

Player's shirt size: **Youth sizes:** small med. large **Adult sizes:** small med. large

Please list any known allergies or physical impairments your child may have:

Parent is willing to coach: _____ assist _____ Ref _____

Team parent: _____ which parent: _____ shirt size: _____

Please read and check which option you agree with:

_____ I agree to have my child participate in this season's fundraiser

_____ I agree to pay an additional \$35 (per family) to the original reg. fee instead of participating in this season's fundraiser.

I understand that parents or children not acting in a sportsmanlike manner may be asked to leave the premises of practice or games. Examples of such behavior might be using foul language, fighting and excessive arguing with coaches and/or officials

Parents signature:

All registration fees are due at the time of registering and are non-refundable. Please note that your child will not be allowed to practice or play this sport if they owe fees for previous season's.