Lyme Parks and Recreation Winter Basketball League Registration

Mail to Lyme Town Hall (480 Hamburg RD. Lyme, CT. 06371) **Please do not send into school**.

Childs Name_____

Grade_____ Age_____ Birth date_____

Adress_____

Parent/Guardian_____Email_____

Phone_____(home)_____(work)

Would you like to coach?_____ Assist?_____ Other?_____

In case of emergency, please list the name of a contact person in case the parent cannot be reached:
Name_____Phone_____
Please add any additional information regarding availability and carpooling on the back to help us place your child on the appropriate team.

Do you give permission for simple first aid to be administered to your child?
Yes_____ No_____
Does your child have any medical conditions (I.E. Allergies, Asthma, Bee stings, etc.) that we should be aware of?
Yes_____ No_____
If yes, please specify_____
Is your child presently taking any medications? Yes_____ No_____
If yes, please specify_____

In consideration of the acceptance of my child in the Town of Lyme Recreation programs, I, for myself, executors, administrators, and assignees, and my child's executors, administrators, and assignees do hereby release and discharge the Town of Lyme and the Town of Lyme Recreation Commission, their employees, agents, officials, counselors, lifeguards, coaches, and other program personnel from any and all claims arising or growing out of my child's participation in said program. I attest and verify that I have full knowledge of the scope of this program and activities to be conducted in it and that my child is physically fit, sufficiently trained and qualified to participate in various activities.

Parent's Signature_____Date_____

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