

Lyme Parks and Recreation

Winter Basketball League Registration 2018



Basketball Registration can be mailed to The Lyme Town Hall (480 Hamburg Rd. Lyme, CT. 06371) by Wednesday, December 6th. **Please fill out a form for each child. In order to make fair teams and to schedule games there will not be any late registrations excepted. Please do not send any registration forms into the school.** Your understanding is appreciated in helping us make fair teams and provide your child with an exciting and competitive basketball season.

Lyme residents must register with the Town of Lyme. The schedules will continue to be Saturday mornings. Teams will be formed as soon as all registrations are in on the deadline.

K – 2nd: Will play by grade level on co-ed teams.

3rd, 4th, and 5th graders: will be separated into non-coed teams. Games will begin in January.

6-8: will form pickup games on Saturdays

Coaches meeting will tentatively be Saturday Dec. Coaches will be contacted to confirm meeting date and times.

Games will begin tentatively January 6 – February 24. Times TBD

Fee - \$40. Family Rate - \$65

Parent volunteers will be needed to run these activities. Thank you in advance for your participation. Please be sure your child is prepared with proper attire and a bottle of water at every game and practice. Please respect the coaches and other team members by having your child attend all practices and games and by arriving at the scheduled time for all practices and games. Any questions can be directed to Jason Thornton at 884-5048 or jtlandandhome7@aol.com.

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



Childs Name _____

Grade _____ Age _____ Birth date _____

Address _____

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 _____



For Lyme P&R's use : Paid: _____ Level/Team _____