

Lyme Parks and Recreation
Basketball Registration Form

Mail to Lyme Town Hall – 480 Hamburg RD. Lyme, CT.06371. Do not send into school.
Any Questions email Kristen at kristenthornton97@comcast.net

Childs Name _____
Gender- M _____ F _____ Grade _____ Age _____
DOB _____

Address _____

Parent/Guardian _____

Email _____

Phone (cell) _____

(Home) _____

Emergency Contact (other the parent listed) - Name

phone _____

Does your child have any medical conditions (I.E. Allergies, Asthma, Bee Stings, etc.)

Yes _____ N _____

If yes, Please

Specify _____

Is your child taking any medications? Yes _____ NO _____ If Yes Please

Specify _____

Would you like to coach? _____

Assist _____ Other _____

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 Signature _____ Date _____

_____/ / Initials are required and indicate understanding of the photograph policy maintained by the Town of Lyme Park & Recreation Dept. Your initials serve as a release, allowing you or your child to be photographed during P&R activities and you understand photographs may be used for purposes depicted in the policy.

If you choose to decline any photographs or use, you MUST submit that in writing with each activity that you register.

Office use: Paid _____ Unpaid _____