

**BASKETBALL REGISTRATION FORM**  
**(ONLY ONE CHILD PER FORM!)**  
*(Please make sure all information is completely filled in)*

60 West Main Street  
 Avon, CT 06001  
 Fax No. 860-409-4334  
 www.town.avon.ct.us

**HOUSEHOLD/ACCOUNT INFORMATION**

Last Name, First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 Home Phone: (    )                      Work Phone: (    )                      Cell Phone: (    )  
**Home or Work Email Address:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1<sup>st</sup> Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_  
 2<sup>nd</sup> Contact Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_ Cell No: \_\_\_\_\_

**BASKETBALL REGISTRATION INFORMATION (One child per form) (PLEASE BE SURE ALL INFORMATION IS FILLED IN)**

Participant Last Name	Participant First Name	Date of Birth	Gender	Grade	Activity Name	Activity No.	Fee

<b>ARE THERE ANY DAYS THAT YOUR CHILD CANNOT PRACTICE?</b> (Please circle) Monday Tuesday Wednesday Thursday Friday	<b>Participant Height:</b> Ft.                      In.	<b>Does your child have a sibling(s) playing in the same division?</b> (Please circle:) YES                      NO

<b>Are you interested in volunteering to:</b> Coach    Assistant Coach    (Please circle one) If so, please provide an email address so we may contact you: _____	<b>TOTAL</b> \$
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Payment Method:     MasterCard or Visa     Discover     American Express     Cash     Check No

Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MEDICAL:** Please list any problem/disability (learning, emotional, hearing loss, allergies, physical, etc) of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need or to participate in program(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Waiver of Participant by parent or self:** I hereby agree to release, discharge and hold harmless the Town of Avon, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability or damage that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Avon to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Avon does not provide insurance for recreational program participants. **Photo Release: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Avon to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in the above listed recreational activities.**

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_