

Mail Registrations To:

**Woodstock Recreation
Department
415 Route 169
Woodstock, CT 06281**



**2018 Season
Grades K-4**



Location: Woodstock Middle School, 147 Route 169
Grade K: 8:00 – 8:30 am
Grade 1: 8:30 – 9:15 am
Grade 2: 9:15 – 10:15 am
Grade 3: 10:15 – 11:15 am
Grade 4: 11:15 – 12:15 pm

**REGISTRATION FORM
Woodstock Youth Basketball**

Saturdays: January 13, 20, 27 * February 3, 10, 24 * March 3, 10

In the event of inclement weather, make- up dates may not be available due to limited use of gym.

Student Name _____ **Grade** _____ **Boys** ___ **Girls** ___

Address _____ **Home Phone** _____

Cell _____

Please circle shirt size: youth small youth medium youth large youth XL adult small adult medium
adult large adult XL

E-mail Address: _____

Emergency Contact/ Phone: _____

Cost: \$45.00 for 1st child, \$40.00 for 2nd child, \$25.00 for each additional child in same family.

Disclaimer: We/I parent/guardian of (child's name) _____ will not hold the Woodstock Recreation Commission, including its representatives of the Town of Woodstock liable for any injury sustained by our/my child while participating in the Recreational Basketball Program sponsored by the Woodstock Recreation Commission.

SIGNATURE _____ **DATE** _____
(Parent/guardian)

If serious illness or injury occurs, the student's parents or legal guardians will be contacted. For this reason it is important to have the parents/guardians address and telephone number on file. Moreover, if the student's parent/guardian cannot be reached, it is important to have authorization to administer appropriate medical action, which might include anesthesia. With this in mind, please complete the section below.

IF IN THE EVENT OF ILLNESS OR INJURY, IF IT NOT POSSIBLE FOR THE HOSPITAL OR A WOODSTOCK RECREATIONAL REPRESENTATIVE TO CONTACT ME, MY PERMISSION IS GIVEN FOR NECESSARY MEDICAL INTERVENTION AND IF NECESSARY, THE ADMINISTRATION OF ANESTHESIA.

SIGNATURE _____ **DATE** _____
(Parent/guardian)

Printed Name _____

I would like to volunteer as a coach: _____ **asst. coach:** _____ **referee:** _____



Name: _____

Registration Deadline: DECEMBER 22, 2017
LATE REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT APPROVAL!
NOTE: T-shirts will not be available to late registrants