

KCC BASKETBALL 21-22

****Reminder- you can now register 24 hours a day online at: www.kitterycommunitycenter.org
(Credit cards only and there is a service fee charged by the host company for online registrations)**

(Please fill out a form for each child & a Medical Form if you have not previously done one)

<input type="checkbox"/> \$45/child on or before October 23 rd /\$55 for non-resident <input type="checkbox"/> \$55/child on or before October 30 th /\$65 for non-resident <input type="checkbox"/> \$65/child after October 30 th /\$75 for non-resident

Please Check Grade:

K <input type="checkbox"/>	1 st <input type="checkbox"/>	2 nd <input type="checkbox"/>	3 rd <input type="checkbox"/>	4 th <input type="checkbox"/>	5 th <input type="checkbox"/>	6 th <input type="checkbox"/>	7 th <input type="checkbox"/>	8 th <input type="checkbox"/>
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Please print the following information about your child:

Child's Name: _____ M or F	Date of Birth: / /
	Shirt Size: YS YM YL AS AM AL AXL
Parent/Guardian 1:	Cell Phone: _____ Work Phone: _____
Parent/Guardian 2:	Cell Phone: _____ Work Phone: _____
Street Address: _____	E-mail Address: _____
Town: _____ Zip: _____	Cellular Provider: _____

Please provide us with any medical conditions, allergies, or other pertinent information:

This is a parent run program requiring volunteers to help keep the league running. If you are interested in helping, please check the appropriate box. Thank you in advance for your help.

COACH

ASSISTANT COACH

Volunteer's Name _____ Email: _____

WAIVER: I understand that this league does not provide insurance, and I must supply health coverage for my child. I give my permission for my child to be treated by a medical professional in the event of an emergency. I hereby waive, release and discharge the Kittery Community Center, Kittery Community Center Employees, Town of Kittery, Town Employees, and volunteers, from all liability that may arise from any injury to my child/children. I further agree for my child/children and myself, in the event my child/children is/are injured while participating in said activities, to indemnify and hold harmless the organization and its participants.

My insurance carrier is _____ Policy # _____

Signed by parent/guardian _____ Date _____

I understand that photos of the team/my child will be taken. These photos will be the property of the Kittery Community Center and may be used to promote the basketball program.

Signed by parent/guardian _____ Date _____

PLEASE RETURN THIS REGISTRATION FORM (sorry, no telephone registrations)

ALONG WITH YOUR CHECK PAYABLE TO **Kittery Community Center** TO:

**Kittery Community Center
120 Rogers Road, Kittery, ME 03904**

Date Paid _____ Amount \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
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