

## K-2nd Grade KCC BASKETBALL 22-23

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

\$45/resident before December 3<sup>rd</sup>/\$55 non-resident  
 \$55/resident before December 10<sup>th</sup>/\$65 non-resident  
 \$65/resident/\$75 non-resident after December 10th

**Please Check Grade:**

K <input type="checkbox"/>	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>
----------------------------	--	--

**Please print the following information about your child:**

Child's Name:	Gender:	Date of Birth: / /
		Shirt Size: 3T    4T    5T    YS    YM    YL
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:		
<p><i>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.</i></p> <p style="text-align: center;"> <input type="checkbox"/> COACH                                      <input type="checkbox"/> ASSISTANT COACH         </p> <p>           Volunteer's Name _____ Email: _____         </p>		
<p><b>WAIVER:</b> 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.</p> <p> <b>My insurance carrier is</b> _____ <b>Policy #</b> _____         </p> <p> <b>Signed by parent/guardian</b> _____ <b>Date</b> _____         </p>		
<p>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.</p> <p> <b>Signed by parent/guardian</b> _____ <b>Date</b> _____         </p>		

**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 \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_