



## Youth Basketball at WGCC Registration Form

Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_ Session \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**\$ 175.00 per child**

Total Enclosed - \$ \_\_\_\_\_

Make checks payable to "John Czarnecki" **(No refunds)** and send with registration form to the  
Bendheim Western Greenwich Civic Center, 449 Pemberwick Rd, Greenwich, CT 06831,  
**Attn: Summer Basketball League**

Are there any physical limitations, allergies, or physical conditions the staff should be aware of?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, explain below:

\_\_\_\_\_  
\_\_\_\_\_

I, the participant or parent/legal guardian of the above named child, do hereby give my permission for my/his/her participation in activity entered above. I assume all risks and hazards incidental to such participation, including transportation to and from all activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless for myself and/or the above named child, the Town of Greenwich, coaches, the organizers, participants and person transporting child.

Please Print Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Participant or Parent/Guardian Date \_\_\_\_\_

\_\_\_\_\_