



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 _____

Date _____

Signature of Adult Participant or Parent/Guardian