Kittery Community Center
PEE WEE BASKETBALL REGISTRATION FORM

****Reminder you can now register 24 hours a day online at: 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 From if you have not previously done one)

☐ **$46/child** on or before Nov 23rd / $56 for non-resident

☐ **$56/child** before Nov 30th / **$**66 for non-resident

☐ **$66/child** after Nov 30th / **$**77 for non-resident on a space available basis

Important Notes: Games and Practices are on Saturdays starting at 9:00am.
Season runs from Dec. 8 – Feb 9.

Please print the following information about your child:

Child's Name:	Date of Birth: / / ☐ Male ☐ Female
Parent 1:	Age _____ as of December 1, 2018
Home Phone: Work Phone:	School:
Parent 2:	
Home Phone: Work Phone:	**Email address. How you will receive schedules and league info!**
Street Address:	Contact person for above e-mail address:
City State Zip	Shirt Size: ☐ 3T ☐ 4T ☐ 5/6 ☐ YS ☐YM

Please provide us with any other information that you feel would assist us with your child.

<u>This is a parent run program-requiring volunteers to keep the league running</u>. We are always appreciative of those willing to give of themselves and their time. If you are interested in participating in this excellent program please indicate your intention in the space provided below. Thank you!

☐ **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 Basketball Program, Town of Kittery, Town Employees, and all 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_____ **DATE** _____

Date Paid_____ Amount $_____ ☐ Cash ☐ Check #_____