



**West Tisbury Parks and Recreation  
Summer Basketball Program 2016  
Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: M F Height: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medications, restrictions or comments: \_\_\_\_\_

\_\_\_\_\_

Grades 1-4 Tuesdays & Thursdays 9am-12pm \$30 per session

Grades 5-8 Mon. /Wed. /Fri. 9am-12pm \$45 per session

Check all that apply:

\_\_\_\_ Session 1: July 11-July 22

\_\_\_\_ Session 2: July 25-Aug 5

\_\_\_\_ Session 3: August 8-August 19

In the event of an injury, or should emergency care be required and I cannot be reached, I authorize the staff to provide or call for any medical assistance needed to care for my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

For office Use Only:

Amount Paid: \_\_\_\_\_ Cash or Check # \_\_\_\_\_

Registration forms can be mailed to PO Box 278 West Tisbury, Ma 02575, faxed to 508-696-0103 or dropped off at the Town Hall. Questions; 508-696-0147.

