



**West Tisbury Parks and Recreation
Summer Basketball Program 2017
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 10-July 21

____ Session 2: July 24-Aug 5

____ Session 3: August 7-August 18

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.

