



**West Tisbury Parks and Recreation  
Summer Basketball Program 2025  
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 4-9 Mon.- Fri. Basketball 9am-12pm \$100 per session

Check all that apply:

\_\_\_\_\_ 1 week Clinic : June 30-July 3 \$25

\_\_\_\_\_ Session 1: July 8-July 19

\_\_\_\_\_ Session 2: July 22-August 2

\_\_\_\_\_ Session 3: August 5-August 16

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. I waive any responsibility of the town of West Tisbury 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.