City of New Haven
Department of Parks, Recreation & Trees
720 Edgewood Avenue, New Haven, CT 06515
Phone 946-8027, Fax 946-8024

John DeStefano, Jr., Mayor Robert D. Levine, Director
David R. Belowsky, President, Board Of Park Commissioners

New Haven All-America City 2008

Biddy Basketball

Boys & Girls 4, 5, & 6 Years of Age

WHERE: John S. Martinez School, 100 James Street

WHEN: Saturdays, Dec. 5, 12, 19, 2009 (fundamentals of basketball))
January 9, 16, 23, 30, 2010 (games begin Jan. 9th)
Feb. 6, 13, 2010

TIME: 9:00am - 11:00am

COST: $20.00 per child

REGISTER: At the Parks & Recreation offices located at 720 Edgewood Avenue, New Haven, CT, 06515 between the hours of 9:00am-4:30

PLEASE PRINT _____
PARENTS/GUARDIAN: Last Name First Name

Name:_____Date of Birth _____Grade _____
Last First

T-Shirt Size (youth sizes)		
S	M	L
6-8	10-12	14-16

Player's Height_____Weight_____Players Age as of 12/05/2009 _____

Address _____ Town/Zip _____

Home phone_____Work _____Cell _____

School Name _____

Emergency Contact/Relationship_____/_____ Phone_____

Doctor's Name _____ Phone _____

Dentist's Name_____ Phone _____

If the participant(s) requires any special assistance or has any physical, sensorial or developmental limitations, allergies, medications or other information, list or contact the Parks and Recreation office at 203-946-8027.

EMERGENCY MEDICAL/SURGICAL TREATMENT PERMISSION FORM

In the event of an emergency, accident or other mishap, I authorize that my child_____ be taken to _____for emergency medical and/or surgical treatment which a physician or dentist may determine necessary for my child's health and well being. I do hereby authorize the New Haven Parks and Recreation staff to provide such medical care and treatment including, but not limited to, surgical and possible life saving measures that may be necessary according to the attending physician. I hold harmless the City of New Haven, it's officials, employees or agents from all liability, which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made.

Signature x _____

REMEMBER, Volunteer Parent Coaches are needed
___ Yes I would like to be a **head coach** ____ Yes I would like to be an **assistant coach**

Home phone_____Work Phone_____E-Mail_____

PROOF OF AGE MUST BE PRESENTED AT THE TIME OF REGISTRATION
REGISTRATION ENDS December 3, 2009 *#63/S1*

Elm City: Green and Clean