



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

Youth Basketball League Registration Form

Please circle appropriate activity

Age Group	Co-Ed Ages 5 - 6	Boys Ages 7-9	Boys Ages 10-12	Boys Ages 13-15 <i>(not in high school)</i>
Location	John Martinez	John Martinez	King Robinson	Troup School
Skill Evaluation	Saturday, December 3, 2011 10:00am-12:00pm	Tuesday, November 29, 2011 5:30pm-7:30pm	Tuesday, November 29, 2011 5:30pm-7:30pm	Thursday, December 1, 2011 5:30pm-7:30pm

**Register at the Parks & Recreation office located at 720 Edgewood Avenue New Haven, 06515
 Between the hours of 9:00 and 4:30**

Leagues are determined by age/grade *Changes will not be made after teams are confirmed.
 No participants will be added to any team after their league draft has occurred



\$20.00 per participant (Cash ~ Visa/MasterCard ~ or Money Order)

Please Print

Parents/Guardian: _____
 Last Name _____ First Name _____ E-Mail _____

Name: _____ Date of Birth _____ Grade _____
 First Last

Player's Height _____ Weight _____ Player's Age as of 12/03/2010 _____

Address _____ Town/Zip _____

Home phone _____ Work _____ Cell _____

School Name _____

Emergency Contact/Relationship _____ Phone Number _____

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

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 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.

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 November 25th

Creating Community through People, Parks and Programs
 720 Edgewood Avenue, New Haven, CT 06515, Phone 946-8027