



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

Co-Ed Youth Basketball League Registration Form

\$20.00 per participant Please circle appropriate activity:

Grades 3rd & 4th

John Martinez School
 100 James Street
 11:15am-2:15 am
 Beginning December 5, 2009

Grades 5th & 6th

John Martinez School
 100 James Street
 5:15, 6:15 & 7:15 pm
 Beginning December 4, 2009

Grades 7th & 8th

Troup School
 259 Edgewood Avenue
 5:15, 6:15 & 7:15 pm
 Beginning December 4, 2009

Register at the Parks & Recreation offices 720 Edgewood Avenue New Haven, 06515 between 9:00-4:30
 Leagues are determined by age/grade. No participants will be added to any team after their league draft has occurred and changes will not be made after teams are confirmed.

PLEASE PRINT _____

Parents/Guardian: _____ Last Name _____ First Name _____

Name: _____ Date of Birth _____ Grade _____

First Last

Player's Height _____ Weight _____ Players Age as of 12/04/2009 _____

Shirt Size (Adult sizes only) Small _____ Medium _____ Large _____ X-Large _____

Address _____ Town/Zip _____

Home phone _____ Work _____ Cell _____

School Name _____

Emergency Contact/Relationship _____ / _____ Phone _____

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.

Signature _____

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 1st

Elm City: Green and Clean

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