

Lisbon Recreation Youth Basketball

January 7th, 2012 – March 31th 2012

Lisbon Central School Gymnasiums

Registration Flyers: Can be picked up at the **LCS Office** or **The Lisbon Town Hall**.

Registration Deadline is Friday January 6, 2012

Registration forms can be returned with payment to:

Lisbon Town Hall

Mrs. Joly

C/O LRC Youth Basketball or Lisbon Central School

1 Newent Rd.

Lisbon, CT 06351

Residents Fee = \$40.00

Non-resident Fee \$45.00

Registration Fee is non-refundable.

Cash or Check accepted with checks payable to: Lisbon Recreation Committee (LRC)

Insurance: *The league does not provide injury insurance for participants. This is the responsibility of the participants' parents or guardian.*

Four Divisions

A Division 7th – 8th Grade

B Division 5th – 6th Grade

C Division 3rd – 4th Grade

D Division 1st – 2nd Grade

Student's Name: _____ / Please Print

Circle shirt size: Youth: M or L Adult: S M L XL

Grade: _____ Division: _____

Address: _____

Phone #: _____

Parent/Guardian's Name: _____

Emergency Name and phone number: _____

Medical concerns if applicable: _____

(All information kept confidential with LRC and coaches.)

I, the undersigned, understand that there is an element of risk involved with children participating in basketball and that injury may occur. With this understanding, I voluntarily give my permission for my child to participate in the Lisbon Recreation Saturday Basketball Program.

I, the undersigned, understand that team rosters are assembled to keep teams balanced and fair. Requests to be on the same team as a friend will not be a factor in team placement. Siblings will be able to play on the same team for the parent's convenience.

Parent/ Guardian Signature _____

() Please check if you would like to coach.

Any questions please call Ken Washburn/ Program Director @ 234-0165 _____

Official Use: Amount _____ Cash or Check # _____