

LISBON DEVELOPMENTAL RECREATION YOUTH
BASKETBALL

Grade Level: Kindergarten- 2nd Grade

January 4th- March 1st

Registration Deadline December 27th

Registration forms can be returned with payment to:

Town Hall
1 Newent Road
Lisbon, CT 06351

Residents Fee = \$40 Non-resident Fee = \$45

Cash or check accepted with checks payable to: Lisbon
Recreation Committee

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

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BASKETBALL

Student's Name:

_____ (Print)

Shirt Size: Youth: S M L Adult: S M L

Grade: K – 1ST – 2ND

Address: _____

Phone #: _____

Parent/Guardian's Name: _____

Emergency Name and phone number: _____

Medical concerns if applicable: _____

(all information will be kept confidential)

I, the undersigned, understand that there is an element of risk involved with children participating in the sport of 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.

Parent/Guardian Signature

**Any questions please contact Chris Fabry at 860-334-1994 or
Chrisfabry@yahoo.com**

Official Use: Amount _____ Cash or Check # _____