

**PITTSFIELD PARK & RECREATION COMMISSION
YOUTH BASKETBALL PROGRAM
REGISTRATION FORM 09**

PLAYERS NAME: _____

GRADE: _____ AGE: _____ MALE: ___ FEMALE: ___

PHONE: _____ E-MAIL: _____

ADDRESS: _____

PARENT/GUARDIANS NAME(S): _____

**CHILDS SHIRT SIZE
(PLEASE CIRCLE ONE)**

YOUTH
SMALL MED LARGE

ADULT
SMALL MED LARGE

PARENT:
ARE YOU INTERESTED IN COACHING? YES__ NO__ GRADE ___

I give my child permission to play basketball and will not hold any volunteers, coaches, Pittsfield Park & Recreation Commission, Pittsfield Elementary, or Pittsfield High School responsible for any injuries that may occur to my child during a practice, meeting or game.

I also agree to bring my child to the practices and games on time and pick he/she up on time. No one shall arrive to the gym earlier than instructed by his or her coach for a game or practice. While in the school your child is expected to follow the school rules about behavior, and stay in the gym for practices and games. Wandering the halls and classrooms by players or family members is not permitted. Violators will be asked to leave and could result in removal from the team.

My child and I have read and understand the basketball rules and information and agree to follow them.

Child's Signature

Parent's Signature

Please do not write below this line. Thank you

Paid Check # _____ Cash _____ Amount _____