



Hebron Parks & Recreation
 15 Gilead Street
 Hebron, CT 06248
 860-228-5971*129
 860-228-4859 Fax
 www.hebronct.com

Hebron Youth Basketball 09-10

REFUNDS: All programs are self supporting and a commitment needs to be made to instructors and staff. Therefore, refunds are issued only in the following circumstances: If a program is cancelled by the Parks & Recreation Department. On request for a medical reason and with written notification from a doctor. If a program participant's spot can be replaced with someone from a waiting list. There are no refunds once a class has begun. All program cancellations and changes are subject to a \$15.00 fee.

NAME OF PARTICIPANT	M/F	DOB	AGE	GRADE
STREET ADDRESS		TOWN	ZIP	
PARENT/GUARDIAN		HOME PHONE	WORK PHONE/CELL PHONE	
EMERGENCY CONTACT PERSON		EMERGENCY CONTACT PHONE		

Please list any medical concerns or medications taken regularly.

EMAIL ADDRESS Information is only used for Parks & Recreation purposes and will not be shared or sold.

CHECK ONE: Grade 1&2--\$38.00 per child (*May register through 12/18*) Grade 7&8--\$94.00 per child
 Grade 3&4--\$59.00 per child Grade 9-12--\$94.00 per child (*may register through 11/20*)
 Grade 5&6--\$80.00 per child

****Deadline to Register for grades 3rd - 8th is October 30, 2009****

Will you be trying out for a Travel Team? Yes No (**An additional fee will apply if you are placed on a Travel Team, and will be billed.**)

**VOLUNTEER COACHES AND ASSISTANTS ARE NEEDED TO LIMIT TEAM SIZE AND MAKE THIS PROGRAM WORK.
 PLEASE COMPLETE INFORMATION BELOW IF YOU ARE ABLE TO COACH.**

COACH NAME: _____ WORK# _____ Email: _____

ASSIST. COACH NAME: _____ WORK# _____ Email: _____

*Hebron Parks & Recreation's goal for youth basketball is to provide a fun, safe and meaningful experiences to all participants.
 To accomplish this we need the assistance and understanding of every parent.*

PHOTO POLICY: By registering for a program, you give us permission to take and publish photos of the participant. If you do not wish to be photographed, you must include this request in writing along with your registration. For the safety of all participants cameras have been added to Gilead Hill School and Hebron Elementary School.

I hereby give approval for myself/my child to participate in the above listed Hebron Parks & Recreation Department Program. I agree to assume all risks and hazards incidental to this program(s), including transportation to and from the site of said program. I hereby waive, absolve, indemnify and agree to hold harmless the Town of Hebron, the department, the commission, supervisors, instructors, coaches, assistant coaches, referees and participants from claims arising out of injury to myself/my child. Any injuries will have to be covered by the individual's insurance.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____