

**Westfield Rec. Dept.
Youth Basketball Program 2018-2019**

1.) Player name

(Please Print) _____ Birth Date _____

Male _____ Female _____ Grade Level _____

Address _____ Telephone # _____

Town _____ Zip _____

Health Concern (s) _____

Shirt Size: Youth S M L Circle one Adult S M L XL Circle one

2.) Player name

(Please Print) _____ Birth Date _____

Male _____ Female _____ Grade Level _____

Health Concern (s) _____

Shirt Size: Youth S M L Circle one Adult S M L XL Circle one

3.) Player name

(Please Print) _____ Birth Date _____

Male _____ Female _____ Grade Level _____

Health Concern (s) _____

Shirt Size: Youth S M L Circle one Adult S M L XL Circle one

SPECIAL REQUESTS ARE DISCOURAGED AND ARE NOT GUARANTEED

How did you hear about this program?

Website _____ Facebook _____ A friend _____ Newspaper _____ Flyers _____ Other _____

I hereby release the Westfield Recreation Commission, the Village of Westfield, Westfield Academy and Central School, Ripley Central School, Brocton Central School, Chautauqua Lake Central School, the coaches, assistants, officials, and all others officially involved with this program from all responsibility regarding injury and/or property damage or loss relating to me, and I authorize medical treatment on my child's behalf. I give permission for unnamed photos of my child to be published in local newspapers and Village affiliated-websites.

Parent Name (PRINT) _____

Parent Signature _____ Date _____

***** **Office Use Only:** Check One: Resident _____ Non-Resident _____

Amount Paid: _____ Date Paid: _____ Check or

Cash: _____