

Pre-K--2nd Grade 2015-16 Basketball Registration

Please print clearly and use a separate form for each child
Return with \$35 participation fee to the office of CES, HES, or the Chaplin
Town Hall by Friday January 8, 2016.

Level

Check One:

_____ **Grade PreK-K**

_____ **Grade 1 & 2**

Player's Information

Child's Name: _____
Sex (Circle One) Male Female
Grade: _____
Date of Birth: _____
Address: _____
Phone: _____
E-Mail Addresses: _____

Shirt Size

Circle One
Please size up
1 shirt size

YS YM YL
AS AM AL
XL XXL

For Signature

I give permission for my child's participation in the Chaplin youth basketball program. I assume all the risks and hazards incidental to the conduct of activities and transportation to and from the activities.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ **DATE** _____