



Windsor Instructional Basketball League

2004-2005 Registration

Registration: Oct. 15 & 22, 6pm-9pm

Sat., Oct. 16 & 23, 9am-noon

Where: LP Wilson Community Center 599 Matianuck Avenue, Windsor

Who: Windsor Residents Girls & Boys 2nd –12th grades

Cost: \$40 1st child, \$25 2nd child, \$10 3rd child, Family max \$75

Children must reside in same household to receive discounted rates.

Registrations may also be mailed to LP Wilson Community Center 599 Matianuck Avenue, Windsor, CT 06095

Windsor Instructional Basketball League Registration

The Benefits Are Endless...

Windsor Recreation & Leisure Services
599 Matianuck Ave.
Windsor, CT 06095

Phone: 860-285-1990
Fax: 860-298-9038
Email: recreation@townofwindsorct.com



| | |
|-------------------------------------|-------------|
| Adult or Parent/Guardian First Name | Last Name |
| Phone Numbers | - - - - - |
| Adult Name | - - - - - |
| Street Address | - - - - - |
| City, State, Zip | - - - - - |
| Home Number | Work Number |
| Emergency Number | |

Email Address _____

Specific Notes : _____

| | | | | | |
|---|---------------|-----------------|---------|-----------------------|-----------------------------|
| 1st Child Name | Date of Birth | Grade | Gender | School | Fee \$40.00 First child |
| 2nd Child Name | Date of Birth | Grade | Gender | School | Fee \$25.00 Second child |
| 3rd Child Name | Date of Birth | Grade | Gender | School | \$10.00 Third child |
| 4th Child Name | Date of Birth | Grade | Gender | School | Free |
| Parent Volunteers Needed Please check area of interest | Coach | Assistant Coach | Referee | Scorer/ timekeeper | Other |

- * Chronic or Serious illness : _____
- * Allergies: _____
- * Current Medications: _____
- * Prior Injuries: _____

Family Physician: _____ Phone #: _____

If it is to be determined by staff that a medical emergency exists, the policy will be to call 911 first, then the parent/guardian.
To the best of my knowledge, my child is in good physical health and is able to fully participate in all Windsor Recreation and Leisure activities.

I do _____ I do not _____ give permission for my child to appear in any media coverage approved by Recreation & Leisure Services

In consideration of being allowed to participate in the Town of Windsor Recreation & Leisure Services activities, the undersigned acknowledges, and agrees that: The risk of injury from the activities involved in this program may be significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and I knowingly and freely assume all such risk, both known and unknown.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless the Town of Windsor Recreation & Leisure Services Department, its employees, volunteers, commissioners, sponsoring agencies, sponsors and advertisers with respect to any and all injury, disability, or death incurred while traveling to or from or participating in the above mentioned trips or activities.

Signature: _____ Date: _____
Parent or Guardian.

**ADA
American Disabilities Act**

Individuals with disabilities who require accommodation to participate in a program should request accommodation from the Recreation Dept. upon or before registration. Documentation supporting the need and the extent of the accommodation may be required.

Office Telephone #: 285-1990
Office Hours:
Monday- Friday 8:00 a.m. - 5:00 p.m.
Saturday 8:00 a.m. - 12:00 p.m.