



2018 Levant Recreation Basketball/Cheerleading Registration



Basketball _____ Cheering _____
(Please Check one)

Child Name _____ Age _____ Grade _____ Boy _____ Girl _____

Address _____

Email: _____

Parent/Guardian _____ Best Contact Phone _____

***The above phone and/or email will be the contact info used to communicate with your player

Medical Information

Does your child have a medical condition? _____ If so, list condition _____

Emergency Contact _____ Relationship _____ Phone _____

Is your child insured? _____ Insurance Carrier _____ Policy Number _____

Family Doctor _____ Phone _____ Hospital preferred _____

Team Information

Childs Shirt Size - (please circle one) - Youth Small/Youth Medium/Youth Large/Youth XL
(6/8) (10/12) (14/16) (18/20)

Would you like to volunteer? (please circle one) – Coach/Asst. Coach/ Referee
– if yes, please put name and phone number of person volunteering. _____

I the parent/guardian of the above listed child, give my approval to participate in the Levant Basketball/Cheerleading activities. I understand that participation in recreational activities may result in injury and protective equipment along with close supervision do not prevent all injuries to children, and hereby do not hold the Town of Levant Recreation Department, organizers, sponsor, supervisors, volunteers, or participants responsible, whether the result of negligence or any other cause.

Signature _____ Date _____