



**West Tisbury Parks and Recreation
Summer Basketball Program 2024
Registration Form**

Name: _____ Age: _____ DOB: _____

Gender: M F Height: _____ Grade: _____ School: _____

Parent's Name: _____ Email: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

List any medications, restrictions or comments: _____

Grades 4-9 Mon.- Fri. Basketball 9am-12pm \$75 per session

Check all that apply:

_____ Session 1: July 8-July 19

_____ Session 2: July 22-August 2

_____ Session 3: August 5-August 16

In the event of an injury, or should emergency care be required and I cannot be reached, I authorize the staff to provide or call for any medical assistance needed to care for my child. I waive any responsibility of the town of West Tisbury for my child.

Signature of Parent/Guardian

Date

For office Use Only:

Amount Paid: _____ Cash or Check # _____

Registration forms can be mailed to PO Box 278 West Tisbury, Ma 02575, faxed to 508-696-0103 or dropped off at the Town Hall. Questions; 508-696-0147.