**Westfield Rec. Dept.**

**Youth Basketball Clinics 2021**

**1.) Player name**

**(Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_**

**Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_**

**Health Concern (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Available Days/Evenings: Monday Evenings\_\_\_\_\_ Tuesday Evenings \_\_\_\_\_ Wednesday Evenings \_\_\_\_\_**

**Thursday Evenings \_\_\_\_\_ Friday Evenings \_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_**

**2.) Player name**

**(Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_**

**Health Concern (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Available Days/Evenings: Monday Evenings\_\_\_\_\_ Tuesday Evenings \_\_\_\_\_ Wednesday Evenings \_\_\_\_\_**

**Thursday Evenings \_\_\_\_\_ Friday Evenings \_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_**

**3.) Player name**

**(Please Print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male\_\_\_\_\_\_\_ Female\_\_\_\_\_\_\_\_ Grade Level \_\_\_\_\_\_\_\_\_\_**

**Health Concern (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Available Days/Evenings: Monday Evenings\_\_\_\_\_ Tuesday Evenings \_\_\_\_\_ Wednesday Evenings \_\_\_\_\_**

**Thursday Evenings \_\_\_\_\_ Friday Evenings \_\_\_\_\_ Saturdays \_\_\_\_\_ Sundays \_\_\_\_\_**

**I hereby release, the Village of Westfield and all persons officially associated with the Westfield Rec. Dept.’s youth basketball clinics, from all responsibility regarding COVID-19 possible exposure, injury and/or property damage, or loss relating to me, and I authorize medical treatment in case of injury. I give permission to use unnamed photographs of my children for publicity. By signing this document, I am affirming and accepting the responsibilities of the COVID-19 warning instructions on the following page.**

**Parent Name (PRINT) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***Office Use Only**: Check One: Resident\_\_\_\_\_\_\_\_ Non-Resident \_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check or Cash:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_