

LYNN PARKS & RECREATION

250 COMMERCIAL STREET

LYNN, MA 01905

781-477-7123

Please Print Clearly:

2012 Bob Hurley Kid's Basketball Clinic

Name of Child _____ Sex _____

Age _____ Date of Birth _____

Telephone # _____

Address _____ Zip Code _____

School _____ Grade _____

In Case of Emergency, Please List Two People Who We Should Contact:

1. Name _____

Relationship _____

Address _____

Phone 1 _____

Phone 2 _____

E-mail Address _____

2. Name: _____

Relationship _____

Address _____

Phone 1 _____

Phone 2 _____

E-mail Address _____

DOES YOUR CHILD HAVE ANY:

Limitations

Illnesses

Allergies

If YES, please list & explain: _____

WE, OF THE LYNN PARKS & RECREATIONG PROGRAM, WILL TAKE ALL PRECAUTIONS AGAINST ANY CAULTIES OCCURING WHILE THE CHILDREN ARE INVOLVED IN OUR ACTIVITIES. HOWEVER, WE ARE NOT FINANCIALLY OR LEGALLY RESPONSIBLE FOR ACCIDENTS THAT MAY HAPPEN WHILE THE CHILDREN ARE IN OUR PRESENCE. BEFORE YOUR CHILD MAY BE ENROLLED IN OUR SUMMER PROGRAM, YOU MUST UNDERSTAND OUR POSITION AND ACCEPT IT BY SIGNING BELOW.

Parent's Signature: _____ Date: _____