



**Lincoln Parks and Recreation  
Youth Basketball 2008-09  
Registration Dates and Form**

**Two Leagues**

\* \* SEPARATE GIRLS AND BOYS DIVISIONS \* \*  
*(If numbers allow)*


**Biddy Basketball**
  
 for  
**Grades 3 & 4**

**Youth Hoop Basketball**  
 for  
**Grades 5 & 6**

**Most Games Played on Saturdays**  
REGISTRATION INFORMATION



**Who: Lincoln Residents Grades 3 -6**

**When: Tues, Wed, Thur. - November 18,19,20**

Registrations also accepted at Town Hall 9-4pm Monday to Friday until 11/21/08

**Where: Lincoln Middle School Gym**

**Time: 6:00pm - 8:30pm**

**Cost: \$10**

**League Starts in December**

Checks made payable to the Town of Lincoln

**Only  
\$10**



**Questions???** Contact Lincoln Parks and Rec 333-8418

Name: \_\_\_\_\_ Circle: male female

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_

Phone:(\_\_\_\_) \_\_\_\_\_ District: \_\_\_\_\_ Grade: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Phone:(\_\_\_\_) \_\_\_\_\_

Medical Restricions: \_\_\_\_\_

I being the parent/guardian of the above named child hereby give approval to participate in the Basketball Program. I understand and acknowledge that risk of injury exists in athletic activities. I assume all these risks and incidental hazards.

I hereby in agreement with Rhode Island General Law 7-6-9 waive, release, and indemnify and agree to hold harmless the Town of Lincoln, its officers, directors, agents, servants, coaches, employees, and volunteers, connected with said program. I also, hereby grant permission to the supervisor to obtain emergency medical care from any licensed medical personnel for the child named herein at such time as wither parent or legal guardian cannot be contacted.

**Signed:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Interested in Coaching???

Please Circle: Yes No  
Name \_\_\_\_\_ Phone: \_\_\_\_\_