

LYNCOURT COMMUNITY RECREATION PROJECT INC.

ADULT RECREATION BASKETBALL REGISTRATION FORM

Fall 2011

Men's Basketball Registration

Place: Lyncourt School Boy's Gymnasium

Registration Date: Tuesday, Oct. 4, 2011

Time: 8:00-10:00 P.M.

FEE: Residents of Lyncourt School District pay \$25.00 per participant.
Non-resident fee will be \$30.00 per participant.

Fees are due at registration.

Make checks payable to **Lyncourt Community Recreation Projects, Inc.** (do not send cash by mail, please).

Proof of residency will be required at registration. Please come prepared to show proof.

Registration fees will not be refunded after start of program.

Tuesday Night Program

Total Nights: 12

Dates: Oct. 4 (**Registration**) -11-18-25

Nov. 1-8-15-22-29

Dec.6-13-20

For more information, please call Bob Licata, President/Director LCRP, Inc. - 463-8340

BASKETBALL REGISTRATION FORM

(One form per participant)

Last _____ First _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Played before? NO YES Year _____

Employer's Phone _____

Emergency Person's Name _____

Emergency Person's Address _____ City _____ State _____ Zip _____

Emergency Person's Phone _____ Cell Phone _____ Work Phone _____

I am aware of the inherent dangers of the program and warrant that I am in good physical condition. I do hereby waive any responsibility and agree to hold harmless Lyncourt Community Recreation Projects, Inc., Lyncourt School, the organizers, coaches, sponsors, and participants, for any claim arising out of any injury to myself, whether the result of accident, negligence, or any cause.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE AND THAT I THE PARTICIPANT REGISTERED ABOVE HAVE READ AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH BY LYNCOURT COMMUNITY RECREATION PROJEC, INC.

Participant's Sigiture _____ Date _____

Witness Signature _____ Date _____

OFFICE USE ONLY: RESIDENT _____ NON-RESIDENT _____ DATE REGISTERED _____

AMOUNT PAID _____ CASH _____ CHECK # _____