

**Limerick Parks and Recreation Department
Application to Participate
Fall 2018 Basketball**

Applicant Name _____ Date _____

Parent/Guardian Name _____

Present Age _____ Date of Birth ____/____/____

Mailing Address _____

Town _____ Zip Code _____

Primary Phone Number _____

Secondary Phone Number _____

Email Address _____

School Attending _____ Tee Shirt Size ____ Present Grade _____

Parent/Guardian Consent

- Do you consent to the publication and use of your minor's name and or likeness by the Town of Limerick's Parks and Recreation Department? Y N

- I have read, understand and agree to abide by the Town of Limerick's Recreation Code of Conduct and the penalties therein. Y N

I, _____, give consent, with the full understanding that the Town of Limerick and its Recreational Staff assume no financial liability for any accident or injury to my child, which may occur as a result of his or her participation in this program. I further hereby absolve and release the Town of Limerick, all league officials and their representatives of all liability for injury to the above applicant.

Parent or Guardian Signature _____ Date _____

Please make checks payable to **The Town of Limerick**
For financial assistance please contact the Recreation Director

Resident- \$40/individual \$75/family max Non-Resident- \$50/individual \$80/family max

Total due _____ Date paid _____ Check # _____ /Cash