

SCITUATE YOUTH CENTER WINTER PROGRAM REGISTRATION

REGISTRATION DATE: **SATURDAY, OCTOBER 29TH 2011**
TIME: **9:00 AM TO 12:00 NOON**
LOCATION: **HARBOUR INSURANCE AGENCY,
301A Driftway (Next to LifeCare Center)**
FEE: **\$30.00 per Program**

BASKETBALL

BOYS & GIRLS: **BOYS & GIRLS GR. 2-5 BEGINS DEC 3RD AT H.S. GYM
BOYS 6-8 BEGINS DEC. 3RD AT GATES GYM
GIRLS 6-8 BEGINS JAN. 7TH AT JENKINS GYM**

BOYS' FLOOR HOCKEY

GRADES 2&3, 4&5 **BEGINS JAN 7TH AT GATES GYM**

**PLEASE PRINT CLEARLY
NO SPECIAL REQUESTS AFTER NOV. 19TH**

REGISTRATION FORM FOR SCITUATE YOUTH CENTER, INC.

CHILD'S NAME: _____ AGE: _____

ADDRESS: _____ PHONE: _____

SCHOOL: _____ GRADE: _____

PROGRAM: (Please complete separate form for each, program)

BOYS BASKETBALL **GIRLS BASKETBALL**

BOYS FLOOR HOCKEY - Do you play in the Seahawks Program? **Yes** **No**

Note any special medical considerations your child may have: _____

COACHES AND REFEREES ARE NEEDED!!! If you are willing to help, please indicate.

Important Notice: Mass. law now requires the S.Y.C. to obtain Criminal Offender Record Information

(CORI) on all of our volunteers. Additional details will be provided at a later date.

Name: _____ Phone: _____

Program: _____ Coach Referee

SCITUATE YOUTH CENTER, INC. WAIVER AND INDEMNIFICATION

In consideration of the acceptance of (Name of Child) _____

In the above named program of the SCITUATE YOUTH CENTER, INC., the Scituate Youth Center, Inc. and those people acting on its behalf, are released and indemnified from and against all claims of any nature whatsoever, for injuries and consequential damages which may be sustained by the above named child arising out of, or in the course of participation in this program.

Signed and sealed this _____ day of October 2011

Email Address: _____

(Parent or Guardian)

(Street Address)

(City or Town)

(State and Zip)

Visit us at: www.scituateyouthcenter.com