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SPORTS

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West Hartford Leisure Services & 2-4-1 Sports Bring you the Boy's Preseason Basketball Clinic

DATES & TIMES: November 28 - December 1
7:00-9:00pm

WHO: West Hartford Boy's Preseason Basketball Clinic-Open to any high school male athlete (invites being sent to Conard, NWC, K.O. and Hall but other schools are welcome), this is simply an opportunity to get some extra ball handling and conditioning in before the regular season. Attendance will have absolutely no bearing on whether or not you make any team at your school's regular tryout.

WHERE: Hall High School Gym

WHAT: This program will feature former Hall Head Coach and 2-4-1 Sports Director, Steve Boyle and Current Hall Girls Varsity Coach, Brittany Huggins.

HOW MUCH: Cost for residents of West Hartford is \$108.00.
Non-resident fee is \$118.00.

REGISTER: Simply fill out the form on the back of this flier and send to West Hartford Leisure Services, Town Hall, 50 S Main St, West Hartford, CT 06107 or fax to 860-561-7519.
Program Code 412851A

You may also register online at www.westhartfordct.gov/leisureservices

QUESTIONS: email Coach Boyle at steve@241sports.com or call 860-977-3750.

last name: _____

WEST HARTFORD LEISURE SERVICES REGISTRATION FORM
Please complete separate form for each participant

Primary Guardian (Please print)

Last Name: _____ First Name: _____

Street: _____ Town: _____ Zip: _____

Home Phone: _____ Work #: _____ Cell Phone #: _____

Primary # where office can reach you during program hours: _____

E-Mail Address: _____

Has child been prescribed an epi-pen? Yes No (If yes, an epi-pen form must be completed) _____

T-Shirt size (circle one) YM YL AdS AdM AdL AdXL

PARTICIPANTS FULL NAME: _____ BIRTH DATE: _____ M/F

Entering Grade: _____

PROGRAM #	TITLE	DATES	TIME	FEE
412851A	Boys' Preseason Basketball Clinic	Nov 28 - Dec 1	7:00-9:00pm	108 Resident 118 non res

PAYMENT TYPE: _____ CASH (IN PERSON ONLY) _____ CHECK (PAYABLE TO "TOWN OF WEST HARTFORD") TOTAL: _____

____ VISA ____ Master Card Card no.: _____ Expiration Date: _____

HEALTH AND INFORMATION

This section must be completed if required for your program

Does your child have any known allergies or have any known illnesses or physical limitations, etc. Please list and describe

List Medications: _____

Family Doctor's Name: _____

Doctor's Address: _____

Doctor's Phone: _____

Emergency Contact (Person to call if unable to contact parent): Name/Relationship: _____

Home Phone: _____ Work/Cell _____

PLEASE READ EACH STATEMENT BELOW AND IF YOU UNDERSTAND AND AGREE TO EACH STATEMENT WRITE YOUR INITIALS IN THE SPACE NEXT TO THE PARAGRAPH TO SIGNIFY YOUR UNDERSTANDING AND AGREEMENT.

In the event my child needs emergency hospital or medical care while participating in this West Hartford Leisure Services Program and there is no time for me to be contacted and/or I cannot be reached, my hospital preference is: _____

_____ However, if circumstances are such that it is deemed necessary to admit elsewhere, permission is hereby granted.

_____ In the event my child needs emergency medical care while in this West Hartford Leisure Services Program, I hereby give permission for the hospital to give such emergency treatment as is considered necessary or desirable by medical judgment, including administration of anesthesia.

_____ In the event that my child needs to be transported by an ambulance, I give my permission for such transportation and

_____ I agree to assume all expenses incurred by said transportation.

_____ I agree to assume all medical expenses incurred by my child while participating in this West Hartford Leisure Services Program.

_____ I realize that as with any physical activity there is a possible risk of accidental injury to my child while participating in this West Hartford Leisure Services Program. I agree to assume the risk of any injury which my child might suffer while involved in the West Hartford Leisure Services Program and will not hold the Town of West Hartford or its instructors liable for any injuries which my child may suffer while participating in this West Hartford Leisure Services Program.

Signature of Parent or Guardian: _____ Date: _____