

Amount paid _____
Payment method- Check / Cash

**Town of Olive Recreation
P.O. Box 284
Shokan, N.Y. 12481
{845} 657-6920
Youth Basketball Registration**

Child's full name _____

Age _____ Current Grade _____ Date of birth _____

Street Address _____

Parent / Guardian name _____

Phone# _____

In case of emergency call _____

Phone # _____

Did child play last year? Yes or No

Is there a night your child **cannot** make practice? Monday, Tuesday or Wednesday?

Best way for coach to reach you for information about games/practices

Cell# _____

Email: _____

I _____ give my child _____
(parent/guardian)
permission to participate in the Youth Basketball program.

Parent/ Guardian signature:

_____ (DATE)

Please make checks payable to: OAA
2017 fee is \$30.00 per child