

HOLYOKE PARKS & RECREATION REGISTRATION FORM

Summer Programs 2024

Program: _____

Date of Program: _____

Participant's Name: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Email: _____

School/Program: _____ Grade Entering (2024): _____

Names of Parents/Guardians: _____

Address: _____ City/State/Zip: _____

Phone: _____ Cell: _____

T – Shirt Size (if applicable): YS ___ YM ___ YL ___ AS ___ AM ___ AL ___ AXL ___

MEDICAL INFORMATION

Emergency Contact Person: _____

Phone: _____ Cell: _____

Allergies/Medical Concerns: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As parent/guardian of participant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine/Dentistry. This care may be given under necessary conditions to preserve life, limb, or well-being of dependent.

PHOTO RELEASE

As parent/guardian of participant, I hereby grant my permission to the Holyoke Parks & Recreation Department and/or Clinic organizers to use any photographs taken of my child participating in a City program for press releases, sponsor solicitations, advertising or any other media outlet.

LIABILITY WAIVER/RELEASE FOR PARTICIPATION AND TRANSPORTATION

I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this program. Recognizing the possibility of physical injury associated with youth sports and in consideration for this sport accepting the registrant for this program and activities, I hereby release, discharge to otherwise indemnify this sports league, the City of Holyoke, affiliated sponsors and owners of field and facilities utilized for this sports program, against any claim on behalf of the registrant as a result of the registrant's participation in the activities and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian: _____

Date: _____

Holyoke Parks & Recreation
Summer Program Medical Form

Child's Name: _____

Address: _____

Date of Birth: _____

Date of most recent complete physical exam: _____

Significant Findings:

Significant illness or injuries since last report:

General estimate of health:

Medication or treatment orders to be carried out at camp/program:

Restrictions on camp/program participation or recommended modifications to program:

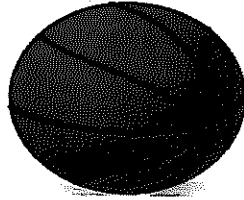
Other comments (use additional space if needed):

Signature, Examining Physician/Practitioner (Date)

Name & Phone (Please print): _____ Phone: _____

**Holyoke Parks & Recreation
Youth Summer Basketball Program – 2024
Holyoke High School Gym**

**Full Day Program for boys/girls entering grades 2-8
(including 2024 8th grade graduates)**



Week 1	June 24 – June 28	(Monday – Friday)	\$180
Week 2	July 8 – July 12	(Monday – Friday)	\$180

For both weeks: **\$325**

9:00 am – 2:30 pm (Friday dismissal @ 12:00 pm)
Early drop off available at 8:30 am

Join coaches: **Jim Hobert** and **Mike Gill** for basketball fundamentals,
games and fun!

**Download the required registration & medical forms at
www.holyoke.org or call (413) 322-5620 for more information.**

**a recent physical within the past year is acceptable for the medical form*

Check made payable to:

Holyoke Parks & Recreation Department
Attn: Summer Basketball Program
536 Dwight Street
Holyoke, MA 01040

**HOLYOKE
PARKS &
RECREATION**

**Participants are encouraged to bring: water, snacks, packed lunch, sneakers,
bathing suit & towel for a swim at Pouliot Pool!**