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**Early Registration Form - One Per Child**

My child is in good physical and mental health. I understand that my child will be under supervision during program hours, but neither Community Rec. League nor any of its authorized agents shall be held responsible for any accidents or injuries occurring while my child is on school grounds, or while my child is en route to or engaged league, camp, clinic

**Summer League**     **Fall League**     **Camp**    Circle Camp Session: I    II    Both

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_    T-Shirt Size: S M L XL

School \_\_\_\_\_ Grade \_\_\_\_\_ (next year)

Circle Level Of Play:

Beginner, Intermediate, Advance

Send Check payable to Rec. League Community Rec. League PO BOX 1443 LC 91012
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For complete details call Dana at the Sports Office 818-249-8505 x2  
Registration forms and details are on web site [www.recleagues.org](http://www.recleagues.org)