

YOUTH RECREATION BASKETBALL REGISTRATION FORM 2016

FOR: STUDENTS IN GRADES K-9 LIVING IN DURHAM OR MIDDLEFIELD
PLACE: GAMES WILL BE PLAYED ON SATURDAY AT THE STUDENT'S SCHEDULE TIME AND PLACE.
DATE: **OPENING DAY WILL BE SATURDAY JANUARY 9, 16, 23, 30, FEBRUARY 6, 13, 20, 27, MARCH 5, 12th.**
LOCATION: MEMORIAL: GIRLS GRADES 1-2. GIRLS GRADES 3-4. BOYS GRADES 1-2. BOYS AND GIRLS GRADE K.
KORN: BOYS GRADES 3- 4. COGINCHAUG: BOYS GRADES 5 - 6. COGINCHAUG: GIRLS GRADES 5 - 8.
STRONG: BOYS GRADES 7 -9.
TIME: DEPENDING ON REGISTRATION. TBA
COST: \$50.00 PER STUDENT. 3 OR MORE FAMILY MAX \$110.00 DOLLARS

REGISTRATION: **MUST REGISTER BY FRIDAY DECEMBER 3RD SO THAT WE MAY ORGANIZE TEAMS, GYM TIME, AND COACHES. AFTER THIS DATE THERE WILL BE A LATE FEE OF \$30.00.** SO PLEASE REGISTER ON TIME OR YOUR CHILD MAY BE LEFT OUT. YOU MAY REGISTER ANYTIME AT THE DURHAM TOWN CLERK'S OFFICE.
(860-343-6720). YOU MAY MAIL IN YOUR REGISTRATION FORM.
Make check out to Durham Recreation.

ABOUT THE PROGRAM: Students will learn the fundamentals of the game. Grades 3-8 boys and girls will have one practice during the week. Coaches use a number rotation for subbing. Goal of the program is to learn the game and have **fun!**

Mail to:

Durham Recreation
P.O. Box 428
Durham, CT 06422

BY FRIDAY DECEMBER 3RD 2015

STUDENTS NAME:

PLEASE PRINT CLEARLY

LAST _____ FIRST _____ M ___ F ___

GRADE ___ AMOUNT OF CHECK ___ CHECK # _____ E-MAIL _____

STREET _____ TOWN _____ ZIP _____

PHONE# _____ CELL PHONE# _____

PARENT (S) OR GUARDIAN NAMES _____

ALLERGIES/MEDICAL CONDITIONS/MEDICINES _____

WOULD YOU LIKE TO COACH A TEAM? YES ___ NO ___ E-MAIL _____

YOUR NAME _____ PHONE# _____

I understand that participation in this (these) programs(s) involve risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of Durham, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability an account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release are applicable to any and all of my dependents that take part in this (these) programs (s). (Release applicable to phone registrations as well).

Signature of Parent _____ **DATE** _____