



Recreation Basketball Program Grades 5-6

sponsored by

Alton Parks and Recreation

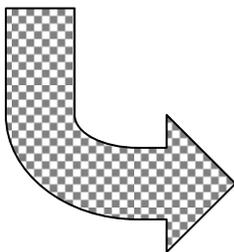
Program Info:

- **December 2015 to February 2016**
- **Practices held during the week at ACS**
- **Games on Saturdays begin January 2, 2016 - players will travel to other towns to play games**
- **Registration deadline is November 6**
- **Registration fee is \$35 on or before November 6 - \$60 after November 6 and placed on waiting list**



*Instructional play with a focus on fundamentals,
techniques and skills of the game*

**Remember
to register
early!**



EQUIPMENT NEEDED:

Please bring sneakers with tie laces, cotton socks, black shorts, a water bottle, and a size 28.5 basketball.

Mouth guards are recommended, and safety glasses or glass guards if your child wears glasses.



Complete and return the registration form on the back of this flyer with your payment for \$35.

Registration deadline is November 6!

(\$60 registration fee after Nov 6 & placed on wait list)



GRADES 5 & 6
RECREATION BASKETBALL PROGRAM



REGISTRATION AND PAYMENT INFORMATION

\$35 registration fee per player on or before November 6 • \$60 after November 6 and placed on waiting list

Please complete ALL information legibly. Full payment is due at the time of registration. Checks should be made payable to "Town of Alton" and mailed to PO Box 659, Alton, NH 03809 or dropped off at the Alton Parks and Recreation office located at 328 Main Street (AVAS Public Park) on Route 11 across from Levey Park. Please do not send cash.

PLAYER INFORMATION

Last Name: _____ First Name: _____ Gender: M F Grade: _____

Player address: _____ Circle shirt size: YM YL AS AM AL XL

PARENT/GUARDIAN INFORMATION

Please provide both parent/guardian names, addresses, phone numbers and email addresses.

Parent/Guardian #1

Name: _____

Mailing _____

Address: _____

Best Contact Phone #: _____

Email: _____

(Important for communicating basketball information.)

Parent/Guardian #2

Name: _____

Mailing _____

Address: _____

Best Contact Phone #: _____

Email: _____

(Important for communicating basketball information.)

EMERGENCY NOTIFICATION AND MEDICAL INFORMATION

In case of emergency, please notify Parent/Guardian #1 listed above or Parent/Guardian #2 listed above. Alternate contact is:

Name: _____ Relationship: _____ Contact Phone: _____

Please indicate hospital preference: _____ Check here for no hospital preference

Doctor's name: _____ Doctor's office phone: _____

Please list any allergies, limitations or accommodations needed: _____

Please list medications your child is taking: _____

WAIVER AND RELEASE OF LIABILITY

Participation in the Basketball program may involve risk of injury, including, but not limited to, sprains, strains, bruises, torn muscles, broken bones, eye and head injuries. The program also involves traveling to other towns to play games. As a parent or guardian, I attest and verify that I have full knowledge of the risks involved, and that my child is physically fit to participate in the Basketball program. In consideration for participation in this program, I hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Town of Alton, Alton Parks and Recreation, its officers, agents, employees and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the Basketball program. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian listed cannot be reached at the phone numbers provided.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date Signed

PARENTAL VOLUNTEER SUPPORT

Your help is needed to make the program work. Please consider being a volunteer.

- Coach – coordinate practice, demonstrate skills, encourage players
- Assistant – demonstrate skills and encourage, motivate and have fun with players