



# GRADES 5 & 6 Recreation Basketball Program

sponsored by  
***Alton Parks and Recreation***

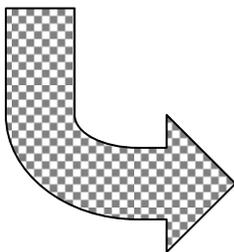
## **Program Info:**

- **December 2016 to February 2017**
- **Practices held during the week at ACS**
- **Games on Saturdays begin January 14, 2017 ~ players may travel to other towns to play games**
- **Registration deadline is November 18**
- **Registration fee is \$35 on or before November 18 ~ \$60 after November 18 and placed on wait 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 of \$35.

Registration deadline is November 18!

(\$60 registration fee after Nov 18 & placed on wait list)

*One registration form per player, please.*



# GRADES 3 & 4 WOLF PACK SKILLS CAMP & GRADES 5 & 6 BASKETBALL PROGRAM



## REGISTRATION AND PAYMENT INFORMATION

**\$35 registration fee per player on or before November 18 • \$60 after November 18 and placed on wait 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