

2010 BASKETBALL REGISTRATION - 3rd & 4th Grades

Welcome to another year of Basketball. The Litchfield Parks & Recreation Department is preparing for the 2010 Basketball season. The 3rd & 4th grade developmental program will start on Saturday, January 9, 2010.

Litchfield Parks and Recreation will be running a series of basketball clinics for third and fourth grade boys and girls. The third graders hit the floor first from 9:00 to 10:30 am followed immediately by the fourth graders from 10:30 am until 12:00 pm.

These future basketball stars will have the opportunity to learn the basics of basketball: dribbling, passing, shooting and more, during Saturday mornings at The Forman School from beginning Saturday, January 9th and going through March 13th.

The Forman School has installed a beautiful new artificial basketball floor, so parents and players are advised to bring a clean pair of shoes for the basketball clinics and to change out of their "street shoes" before stepping on the new floor.

Cost for the program is **\$35** per person.
Registration due by **December 31, 2009**.

*For more information contact the Litchfield Parks & Recreation office at (860) **567-7569**.*

3rd grade	9:00 - 10 :30 am	Forman School Gym
4th grade	10:30 am - 12:00 pm	Forman School Gym

Please bring a clean pair of basketball shoes to change into from your street shoes to protect the new gym floor!!!

GRADE _____ AGE _____ T-Shirt Size _____

PARTICIPANTS NAME _____

MAIL ADDRESS _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

RELATIONSHIP TO PARTICIPANT _____

PAYMENT ENCLOSED: \$CASH _____ CHECK # _____

(PAYABLE TO "LITCHFIELD PARKS & RECREATION")

HOLD HARMLESS

I understand that injuries are a possibility as a result of participation in this activity. I agree not to hold the Forman School, the TOWN OF LITCHFIELD, the Park & Recreation Department, its officers, agents and employees and anyone else associated with this program from any loss, costs, expenses, injuries or property damage and liability whatsoever, kind or nature which may arise from my participation or my child's participation in this program. I also understand and agree that my own medical and/or disability insurance will be used in the event of an injury and that if I have no such insurance, that I will be directly responsible for any medical costs whatsoever.

SIGNED _____

DATE _____ (Participant's parent/guardian)