

2009-2010 BASKETBALL REGISTRATION - 5th, 6th 7th & 8th Grades

Welcome to another year of Basketball. The Parks & Recreation Department is preparing for the 2009-2010 Basketball season. We are currently accepting registrations for our travel/competitive team program and our in-house program. Those youths interested in trying out for our travel teams must attend tryout and have registered prior to tryouts. Those who make the team will play in a very competitive Rte. 44 program. The in-house will serve as a program to help develop individual skills and team play, with the 5th & 6th grade players having games in the Washington League & the 7th & 8th grade players having games the Northwest League and/or in a new league to be developed.

5th & 6th Rte. 44 Boy's Tryouts	Nov. 2 & 4 @ LIS Gym 5:00 – 6:30 pm
7th & 8th Rte. 44 Boy's Tryouts	Nov. 2 & 4 @ LIS Gym 6:30 – 8:00 pm
5th & 6th Girl's Travel Tryouts	Nov. 3 & 5 @ LIS Gym 5:00 – 6:30 pm
7th & 8th Girl's Travel Tryouts	Nov. 3 & 5 @ LIS Gym 6:30 – 8:00 pm

<u>Rte 44</u>	<u>Travel program</u>	<u>In-house program</u>
___ 7th & 8th grade boys	___ 7th & 8th grade girls	___ 5th & 6th grade girls (<i>Washington League</i>)
___ 5th & 6th grade boys	___ 5th & 6th grade girls	___ 5th & 6th grade boys (<i>Washington League</i>)
		___ 7th & 8th grade girls
		___ 7th & 8th grade boys

Fee: \$90 per person RTE 44/Travel
Fee: \$70 per person In-house Program

Mail to: Litchfield Parks & Rec., PO Box 12, Bantam, CT 06750
Phone: (860) 567-7569

Registration Deadline for travel teams is October 23,2009
All other registrations for in-house need to be received by November 6,2009.

PROGRAM/TEAM GROUP _____ GRADE _____

PARTICIPANTS NAME _____ AGE _____

MAIL ADDRESS _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

RELATIONSHIP TO PARTICIPANT _____

PAYMENT ENCLOSED: \$ _____ CASH _____ CHECK # _____
(PAYABLE TO LITCHFIELD PARK & RECREATION)

PROGRAM & SESSION _____

PLEASE WRITE PROGRAM NAME ON CHECK

If you will require special services due to a disability, please let us know.

HOLD HARMLESS

I understand that injuries are a possibility as a result of participation in this activity. I agree not to hold 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 or parent/guardian if child under 18 years of age)