

By signing this permission form for my child to participate in the Chatham Parks and Recreation Basketball Program, I agree to the following conditions:

- I give permission for my child to receive medical treatment in the event of injury at either a practice or a game while participating in this program;
- In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
- I agree pictures taken during program hours may be used for future promotional purposes.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Date: _____

Registration Form & Fee Received By: _____

Check # _____ Amount: _____

Chatham Parks & Recreation
Chatham Community Center
702 Main Street
Chatham, MA 02633

Chatham Parks & Recreation

www.chathamcommunitycenter.com

Recreational Basketball Program Grades K—6



Registration dates:

Grades K-2 ~ Ongoing thru 1/7

Grades 3-6 ~ Ongoing thru 12/6

Details

Registration Dates/Cost:

Grades 3-6 = \$20.00 per child

Late Registration Fee: \$30.00 per child

Registration deadline: December 6th

Grades K-2 = \$15.00 per child

Late Registration Fee: \$20.00 per child

Registration deadline: January 7th

Eligibility: This program is open to all grade K - 6 school age children who either reside in Chatham or attend the Chatham Elementary School as a school choice student.

Equipment needed: Players must wear sneakers and bring a water bottle.

Coaches: Coaches are always needed!! Please identify yourselves by December 1st.

Chatham Parks & Recreation
Chatham Community Center
702 Main Street
Chatham, MA 02633

Phone: 508-945-5175
Fax: 508-945-5159

E-mail: swinkfield@chatham-ma.gov
Questions? Contact Sue Winkfield

Grade K - Will play on Saturday mornings from 10:15-11:15 at the Community Center Gymnasium. Mornings will consist of a 1/2 hour practice and 1/2 game. Season runs January 8th – February 26th.

Cost: \$15.00

** Coaches needed, if interested please check off that you would like to coach or assist on the bottom of the form. (Registration fee is waived)

Grades 1 & 2 - Saturday mornings at the Chatham Community Center Gymnasium from 9:00-10:00am. Season runs January 8th — February 26th.

Cost: \$15.00

** Coaches needed, if interested please check off that you would like to coach or assist on the bottom of the form. (Registration fee is waived)

Grades 3 – 6 - There will be games against other towns which will require travel. League games begin early January and the season will run through mid March.

- Girls' Games – Monday Nights (either home or away) plus weekly practice session(s)
- Boys' Games – Wednesday Nights, or as scheduled, (either home or away) plus weekly practice session(s).

Cost: \$20.00

** Coaches needed, if interested please check off that you would like to coach or assist on the bottom of the form. (Registration fee is waived)

***Once the registration period is closed, late registrations / additions will be taken on a team need basis only and that will be left up to the direction of the Recreation Coordinator and Coach of the individual team.

Please return registration form to the Community Center with check made payable to "Town of Chatham"

****If we have your information in our RecPro system and there are no changes, please fill in child's name, grade & sign waiver on the back.**

Child's Name: _____

Grade: _____ DOB: _____

Residential Address: _____

Town (Chatham, North, South, West) _____

Mailing Address: _____

Town _____ State _____ Zip _____

Parent(s)/Guardian(s): _____

Home Tel. Number: _____

Cell Phone: _____

E-mail address: _____

Emergency Contact: _____

Relationship to your child: _____

Contact's phone #: _____

Child's Physician: _____

Office tel. number: _____

Are there any allergies, medications or health issues that we should know about?

YES, I would like to: COACH _____ ASSISTANT _____

Your Name: _____

Cell Phone: _____

(The registration fee is waived for a coach's child)

Cut here and keep this side
Send this side in to Chatham Community Center