



**2018-2019
SALISBURY RECREATION
YOUTH BASKETBALL
PROGRAMS**

Please complete and return the registration form on the back of this notice along with the \$25.00 registration fee to The Salisbury Recreation Commission, POB 548 Salisbury, CT 06068 by November 9, 2018.

If you are interested in being a volunteer coach, please indicate so on the registration form. All programs will be dependant on sufficient enrollment and volunteer coaches. Please contact Lisa McAuliffe with any questions at 435-5186 or email recreationdirector@salisburyct.us.

1st and 2nd Grade Regional Recreation Program -This is a coed in house REGIONAL PROGRAM that will meet on Saturday mornings from 8:30am-9:30am in January and February. The program will meet at the Housatonic Valley Regional Hight School but is subject to change to another gym within Region One.

Registration fee \$25.00 paid to Salisbury Recreation

3rd and 4th Grade Recreation Program- This is a coed in-house program. The program will meet once a week starting in December. The will focus on skill development and game basics. There may also be a few games vs local teams added to the schedule. **Registration fee \$25.00 paid to Salisbury Recreation**

5th and 6th Grades Recreational League- Boys and girls play on their respective teams in the Northwest Recreational Leagues. Should any town in region one not have enough players to form their own team the recreation directors from each town will look to join teams in the most logical way. Travel is required and within in Litchfield County. TRYOUTS ARE NOT REQUIRED TO PARTICIPATE IN THIS PROGRAM. There are one or two weeknight practices per week and games are on Saturdays with an occasional weeknight and Sunday game beginning in December.

Registration fee \$25.00 paid to Salisbury Recreation

**SALISBURY RECREATION
BASKETBALL
REGISTRATION FORM**

Participants Name _____

Date of Birth _____ Age _____ Grade _____

Mailing Address _____

Email Address _____

(print clearly all correspondence is done using email)

Phone Number _____

T-Shirt Size _____

Program registering for (Circle one)

3rd&4th grade coed 5th and 6th grade girls 5th and 6th grade boys

**THE PROGRAM IS DEPENDANT IN VOLUNTEER COACHES
PARENT IS INTERESTED IN COACHING: Y/N**

MEDICAL RELEASE/PERMISSION TO TREAT

I _____ (Print parent or guardian name) give

_____ (Print participants name) permission to participate in the Salisbury Recreation Commissions Youth Basketball Program. I understand that it is my responsibility to provide transportation for my child to both practices and games. In the event of an emergency where I can not be contacted I give the team coaches permission to obtain proper medical treatment for my child. I understand that participating in youth basketball has some risk of injury and I am willing to accept that greater risk on behalf of my child.

Parent or Guardian Signature

_____ Date _____

Emergency contact (name) _____ Phone # _____
(person to contact in the event we can not contact parent or guardian)

Does your child have any allergies to medications, food or insects? Y/N
If yes please list