



## 2019 – 4<sup>TH</sup> GRADE BOYS RECREATION BASKETBALL

- PROGRAM SUPERVISOR:** RECREATION STAFF
- GAME LOCATION:** WEST WOODS SCHOOL
- TEAM ANNOUNCEMENTS:** PARTICIPANTS WILL BE NOTIFIED BY THEIR COACH VIA EMAIL AND/OR PHONE FOLLOWING OUR COACHES MEETING, PRIOR TO NOVEMBER 25<sup>TH</sup>
- TEAM PLACEMENT:** FARMINGTON RECREATION STAFF DETERMINES A PLAYERS' TEAM PLACEMENT BASED ON A NUMBER OF FACTORS INCLUDING BUT NOT LIMITED TO THE PLAYER'S HOME ADDRESS, THE SCHOOL THAT THE PLAYER ATTENDS AND THE NUMBER OF REGISTRATIONS RECEIVED. SPECIFIC REQUESTS FOR TEAM PLACEMENT WILL NOT BE ACCEPTED
- COACHES MEETING:** TBD
- GAME DATES:** SATURDAYS, DEC. 14 – MAR. 7 (EST.)
- NO GAMES: 12/28, 2/15
- FEE (RESIDENTS ONLY):**
- \$109.00 PER PARTICIPANT
  - \$134.00 PER PARTICIPANT (RECEIVED AFTER OCTOBER 18)
  - \$272.50 PER FAMILY OF 3
  - \$335.00 PER FAMILY OF 3 (RECEIVED AFTER OCTOBER 18)
- 4<sup>TH</sup> GRADE BOYS LEAGUE MAXIMUM IS 50 PLAYERS
  - PLEASE USE A SEPARATE FORM FOR EACH PARTICIPANT
  - PLEASE MAKE CHECKS PAYABLE TO TOWN OF FARMINGTON
  - PAYMENT MUST BE RECEIVED IN ORDER TO BE REGISTERED
  - PLEASE RETURN TO THE MAILING ADDRESS BELOW



**REGISTRATION DEADLINE: THURSDAY, OCTOBER 24**

→ **OVER FOR REGISTRATION** →

**MAILING ADDRESS**  
Community & Recreational Services  
1 Monteith Drive  
Farmington, CT 06032  
Phone: 860.675.2540  
[www.farmington-ct.org](http://www.farmington-ct.org)

**SATELLITE OFFICE**  
Farmington Recreation  
1 Depot Place  
Unionville, CT 06085  
Phone: 860.675.2540  
[www.farmington-ct.org](http://www.farmington-ct.org)



**2019 – 2020  
4<sup>th</sup> GRADE BOYS  
RECREATION BASKETBALL  
REGISTRATION & WAIVER FORM**

I recognize that there are risks of injury involved to members of my family participating in recreational activities conducted by the Town of Farmington. Therefore, in consideration of the Town of Farmington conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the Town of Farmington and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities. I understand that for promotional purposes the Town of Farmington may videotape and/or take photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Farmington to utilize for said promotional purposes any photographs and/or videotapes of me or my minor child engaged in activities associated with the Town of Farmington.

**PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

School: \_\_\_\_\_ Gender: ( ) M

Participant's Current Grade in School: ( ) 4<sup>th</sup>

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**SCHOLARSHIP / FINANCIAL ASSISTANCE**

Farmington residents may qualify for a reduction in the cost of a program based upon the Federal Income Poverty Guidelines. An Eligibility Application Form needs to be completed and verified to qualify for a scholarship. Please contact Geoffrey Porter, Recreation Supervisor at [porterg@farmington-ct.org](mailto:porterg@farmington-ct.org) for more information.

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**MEDICAL INFORMATION**

Please list any condition of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need(s).

Condition: \_\_\_\_\_

**VOLUNTEER COACH INFORMATION**

If you are interested in volunteering, complete the following or contact Ryan Deneen, Recreation Program Assistant at [deneenr@farmington-ct.org](mailto:deneenr@farmington-ct.org) or Geoffrey Porter, Recreation Supervisor at [porterg@farmington-ct.org](mailto:porterg@farmington-ct.org).

Name (Please Print): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**CONCUSSION AWARENESS**

Per Connecticut State Statutes, Connecticut Youth Athletic Organizations are required to provide information on the signs, symptoms, nature and risks of concussions. Information can be found at <http://www.cdc.gov/headsup>.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION**

( ) Check ( ) Cash \* Credit Cards Only Accepted On-Line or In-Person