



2019 - GIRLS 7TH & 8TH GRADE RECREATION BASKETBALL

- PROGRAM SUPERVISORS:** RECREATION STAFF
- LOCATION:** IRVING ROBBINS MIDDLE SCHOOL
- PLAYER EVALUATION DATE:** TBD
(ALL PLAYERS & COACHES MUST BE PRESENT)
- PLAYER EVALUATION TIME:** 6:00 – 7:30 P.M.
- COACHES MEETING:** TBD (IMMEDIATELY FOLLOWING PLAYER EVALUATIONS)
- 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 19)



- 7TH & 8TH GRADE LEAGUE MAXIMUM IS 80 PLAYERS
- YOUTH REGISTERED FOR TRAVEL BASKETBALL THAT ARE NOT SELECTED ARE NOT REQUIRED TO RE-REGISTER FOR THE RECREATION LEAGUE.
- 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

SATELLITE OFFICE
Farmington Recreation
1 Depot Place
Unionville, CT 06085
Phone: 860.675.2540
www.farmington-ct.org



**2019 – 2020
7TH & 8TH GRADE GIRLS
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 () F

Participant's Current Grade in School: () 7th () 8th

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 for more information.

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 or Geoffrey Porter, Recreation Supervisor at 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