



# Grades 1-4

## FUN FOR ALL BASKETBALL CLINIC

Join us for skills, drills and thrills in this fun and developmental environment for players who are beginning their journey into the game of basketball!

**Dates:** *January 7, 14, 21 and 28, 2017*

**Time:** *9:00AM-11:00AM*

**Place:** *PMHS Gymnasium*

**Cost:** *\$20 per player*

SPONSORED BY:

Alton Parks and Recreation

~ and ~

PMHS Varsity Basketball Teams

This clinic will put the “fun” in fundamentals by introducing the basics and applying the skills needed for successful play. Practice will focus on passing, shooting, dribbling and rebounding using positive reinforcement in a fun-for-all setting.



**Players**  
*teaching*  
**Players**

**Supervision and instruction provided by  
PMHS Varsity Basketball Coaches and Players**

**REGISTRATION DEADLINE IS DECEMBER 16, 2016**

Complete registration form on reverse side and return with full payment before deadline.



**GRADES 1-4**  
**FUN-FOR-ALL BASKETBALL CLINIC**



REGISTRATION AND PAYMENT INFORMATION

**\$20 registration fee per player on or before December 16 • REGISTRATION CLOSSES DECEMBER 16**

Please complete ALL information legibly. Full payment is due at the time of registration. Checks should be made payable to "Town of Alton" and mailed to PO Box 659, Alton, NH 03809 or dropped off at the Alton Parks and Recreation office located at 328 Main Street (AVAS Public Park) on Route 11 across from Levey Park. Please do not send cash through the mail.

PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  M  F  
 Player address: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION

Please provide both parent/guardian names, addresses, phone numbers and email addresses.

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| <p><u>Parent/Guardian #1</u></p> <p>Name: _____</p> <p>Mailing (Street or PO Box) _____</p> <p>Address (Town, State, Zip) _____</p> <p>Best Contact Phone #: _____</p> <p>Email: _____</p> <p><i>(Important for communicating basketball information.)</i></p> | <p><u>Parent/Guardian #2</u></p> <p>Name: _____</p> <p>Mailing (Street or PO Box) _____</p> <p>Address (Town, State, Zip) _____</p> <p>Best Contact Phone #: _____</p> <p>Email: _____</p> <p><i>(Important for communicating basketball information.)</i></p> |
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EMERGENCY NOTIFICATION AND MEDICAL INFORMATION

In case of emergency, please notify  Parent/Guardian #1 listed above or  Parent/Guardian #2 listed above. Alternate contact is:  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
 Please indicate hospital preference: \_\_\_\_\_  Check here for no hospital preference  
 Doctor's name: \_\_\_\_\_ Doctor's office phone: \_\_\_\_\_  
 Please list any allergies, limitations or accommodations needed: \_\_\_\_\_  
 Please list medications your child is taking: \_\_\_\_\_

WAIVER AND RELEASE OF LIABILITY

Participation in the Basketball program may involve risk of injury, including, but not limited to, sprains, strains, bruises, torn muscles, broken bones, eye and head injuries. As a parent or guardian, I attest and verify that I have full knowledge of the risks involved, and that my child is physically fit to participate in the Basketball program. In consideration for participation in this program, I hereby, for myself, my heirs, executors and administrators, waive and release all rights and claims against the Town of Alton, Alton Parks and Recreation, its officers, agents, employees and volunteers, except in the case of their sole negligence, from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the Basketball program. In addition, I give my permission for my child to be treated by qualified medical personnel in the event that the parent/guardian listed cannot be reached at the phone numbers provided.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Print Name of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed