



# ROOKIE BASKETBALL CLINIC

The program meets at the Chester Elementary School multipurpose room,  
Thursdays, 3:00 until 4:15pm, January 5 through March 5, 2017 for  
Chester residents in kindergarten and grade 1.

## \$45 REGISTRATION FEE

This program is staffed by our CIAC Certified Coaches and our Summer Camp Counselors and Lifeguards. All supervisors are certified in first aid and CPR. Our employees over 18 are also certified in medication administration. If your child may need medication during the program please request an authorization form from the Director of Parks and Recreation at 860-526-0013, x223 or [parkrec@chesterct.org](mailto:parkrec@chesterct.org). Provide the Director or the Sports Director with the form and medication by the first clinic meeting.



**REGISTRATION MUST BE RECEIVED BY 5:00PM NOVEMBER 22, 2016!**  
**LATE REGISTRATIONS CANNOT BE ACCEPTED!**



Clinics will begin on January 5<sup>th</sup> and end on March 2<sup>nd</sup>. Chester will celebrate MARCH MADNESS on Sunday, March 5<sup>th</sup>, from 2:00 until 6:00pm, featuring players v. parents and coaches.

The registration form is your child's permission slip to stay after school on the dates Rookie Basketball meets. For the safety of your child, all registered players will be kept after school unless the Chester Elementary School Office, at 860-5126-5797, and the Parks and Recreation Office at 860-790-0133 or [chesterct.org](http://chesterct.org), are notified in advance.

All children not in the program must be accompanied, and closely supervised, by an adult. They are NOT PERMITTED ON THE COURT.

**ALL CHILDREN MUST BE SIGNED OUT after each practice.**



ACCORDING TO CONNECTICUT GENERAL STATUTE 19a-77 WE ARE REQUIRED TO DISCLOSE THAT TOWN OF CHESTER PROGRAMS ARE NOT LICENSED BY THE STATE OFFICE OF EARLY CHILDHOOD.

# YOUTH BASKETBALL REGISTRATION FORM

Grades K & 1 = \$45 REGISTRATION FEE

Return this registration, with the fee payable to "Chester Park & Rec" to the Parks and Recreation mailbox in the Town Hall, Chester Elementary School, or mail to:

Town of Chester, Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412

**ALL REGISTRATION MUST BE RECEIVED BY 5:00PM NOVEMBER 22, 2016!**

**LATE REGISTRATIONS CANNOT BE ACCEPTED!**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

***This child has suffered a previous concussion (circle):*** YES NO

Name(s) of Parent(s) or Guardian(s) \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Number During Program \_\_\_\_\_

List any concerns the coach should be aware of:

\_\_\_\_\_

The following people may sign out my child:

\_\_\_\_\_

Emergency Names and Phone Numbers:

\_\_\_\_\_

**PLEASE INDICATE AT THE TOP OF THIS FORM if you do not wish your**

**CHILD'S PHOTO to appear in newspapers, on the town web site, in**

**Parks and Recreation flyers or e-mails, or on school or public bulletin boards.**

I give permission for my child, named above, to participate in the Chester Parks and Recreation Youth Basketball Program, January 5 through March 5, 2017. I understand there are inherent risks to this activity and I assume those risks.

\_\_\_\_\_

signature of parent or guardian

\_\_\_\_\_

date