



ROOKIE BASKETBALL CLINIC

The program meets at the Chester Elementary School multipurpose room,
Fridays, 3:00 until 4:15pm, January 25, February 1, 8, 22, 2019 for
Chester residents in kindergarten and grade 1.

\$20 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. Provide the Director or the Sports Director with the form and medication by the first clinic meeting.



REGISTRATION MUST BE RECEIVED BY 5:00PM DECEMBER 18, 2018!
LATE REGISTRATIONS CANNOT BE ACCEPTED!

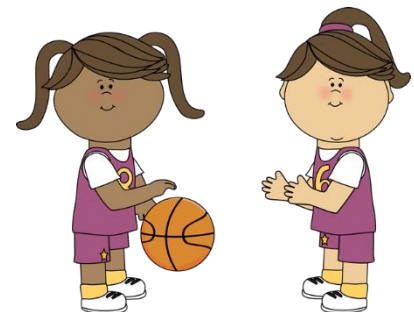


Clinics will begin on January 25th and end on February 22nd. Chester will celebrate MARCH MADNESS on Friday, March 1st, from 5:00 until 8:30pm, featuring players v. parents and coaches.

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, 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 = \$20 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

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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, social media, flyers, e-mails, or on bulletin boards.

I give permission for my child, named above, to participate in the Chester Parks and Recreation Youth Basketball Program, January 25 through March 1, 2019. I understand there are inherent risks to this activity and I assume those risks.

signature of parent or guardian

date