

CHESTER GRADES 4, 5, & 6
RECREATIONAL YOUTH
BASKETBALL
FOR GIRLS & BOYS

Chester Parks and Recreation Recreational Youth Basketball for grades 4, 5, & 6 meets at the Chester Elementary School multipurpose room (gym) December 1, 2021 through February 16, 2022.

The players are supervised by experienced Teacher and Coach, Tyler Saunders, with assistance from our summer staff.

All staff members are certified in first aid, CPR/AED, and may assist with inhalers and epinephrine auto injectors. If your child may need this medication during the program, please provide an authorization form and emergency action plan from your healthcare provider and submit a hardcopy to the Director of Parks and Recreation or email to parkrec@chesterct.org. Provide the Director or the Coach with the form and medication by the first clinic meeting.

Recreational Basketball for Girls and Boys in grades 4, 5, & 6
is held on Wednesdays, 5:30pm until 6:45pm.
This program meets weekly, unless cancelled by the school
due to weather or gym availability.

Please have your child wear sneakers, comfortable clothing, and bring a water bottle.

PLEASE SUBMIT REGISTRATION BY NOVEMBER 19, 2021!

Children not registered 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 by an authorized adult. To add an authorized adult to sign out your child please write a note or send an email to parkrec@chesterct.org

Grades 4, 5, & 6 = \$50 REGISTRATION FEE

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 RECREATIONAL BASKETBALL **FOR GRADES 4, 5, & 6**

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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

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, e-mails, or social media 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, December 1, 2021, through February 16, 2022. I understand there are inherent risks to this activity, and I assume those risks.

signature of parent or guardian

date