

The Enfield Recreation Department Presents...

# 1st & 2nd Grade Instructional Basketball Program

## THE DETAILS...

A co-ed instructional program for boys and girls in grades 1 & 2 will be held on **Sunday** afternoons at JFK Middle School beginning on January 8th. The program will consist of eight, one hour sessions in which participants will work in groups rotating through skill stations to learn the fundamentals of basketball. The program will be run by Recreation Department staff however, we are asking for parent volunteers to help supervise participants at each station. In the final weeks of the program participants will be split up into groups to scrimmage. **PLEASE NOTE: this is a drop off program. Parents will only be allowed into the gym for the last two classes.**

Registration will be limited to 80 participants (40 per session) and will be taken on a first come, first serve basis starting October 7th. This program is for Enfield residents only. Participants may register for one of two time slots.

**FEE: \$35.00 per participant.**

**12:00 - 1:00 PM**

**Activity Number: 3603.0206.101**

**1:10 - 2:10 PM**

**Activity Number: 3603.0206.102**

- Limit one session per child.
- Once you register for a session there is a 10% processing fee to switch to another session.

If you have any questions about this program, please contact the Recreation Office **BEFORE** registering your child.

**Registration Begins: Friday, October 7, 2016 at 9:00 AM**

**Registration Deadline: Friday, December 9, 2016 at 5:00 PM or when the program is full.**

## REGISTRATION INFORMATION...

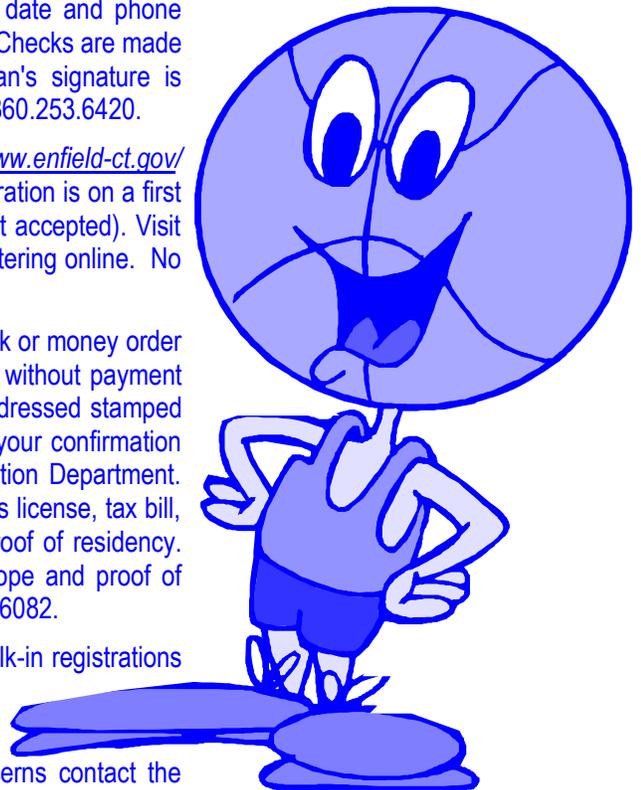
The Enfield Recreation Department will accept Online, Walk-in, and Mail-in registrations. Proof of residency and complete payment are required at the time of registration. The parent or legal guardian must register their child. We will **not** accept notes allowing friends, grandparents, etc., to register a child. Registration will **not** be accepted before the initial registration date and phone registrations will **not** be accepted. All fees must be paid at the time of registration. Checks are made payable to the "Enfield Recreation Department". A parent's or legal guardian's signature is required for all children's programs. For additional information contact the office at 860.253.6420.

**Instructions for Online Registration:** Log onto the Town's website at [www.enfield-ct.gov/recreation](http://www.enfield-ct.gov/recreation) and click on the blue "Online Program Registration" button. Online registration is on a first come, first serve basis and accepts standard credit cards only (debit cards are not accepted). Visit the website anytime to create an online account. Please print a receipt when registering online. No further notification will be sent.

**Instructions for Mail-In Registration:** Complete registration form. Include a check or money order payable to the "Enfield Recreation Department". Mail-in registrations received without payment will be returned. Include an email address for a paperless confirmation or self-addressed stamped envelope so we may confirm your registration by mail. If you have not received your confirmation within 10 business days of the registration start date, please contact the Recreation Department. Include a photocopy of proof of residency. Acceptable forms of ID are: valid driver's license, tax bill, utility bill, renter's/homeowner's agreement. **NOTE:** A check is not considered proof of residency. Mail the registration form, check or money order, self-addressed stamped envelope and proof of residency to the Enfield Recreation Department, 19 North Main Street, Enfield, CT 06082.

**Instructions for Walk-In Registration:** The Recreation Department will accept walk-in registrations Monday through Friday 9:00 AM - 5:00 PM. Cash or check only.

**Withdrawal Policy:** The standard withdrawal policy applies to this program. Please see the website before you register. If you have any questions or concerns contact the Recreation Office for details **BEFORE YOU REGISTER!**



Enfield Recreation Department 1st & 2nd Grade Basketball Program Registration Form

Participants Name: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (For email confirmation of registration)

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

Mother's Phone: (\_\_\_\_) \_\_\_\_\_ Father's Phone: (\_\_\_\_) \_\_\_\_\_

**PLEASE SELECT YOUR SESSION PREFERENCE**

\_\_\_\_\_ 12:00 - 1:00 PM

\_\_\_\_\_ 1:10 - 2:10 PM

**Are there any medical conditions or special needs we should be aware of? \_\_\_ Yes \_\_\_ No**

*If yes, please explain in detail:* \_\_\_\_\_

**Does your child have any other special considerations related to behavioral needs which are not mentioned above that our staff should know to help your child have a positive experience? \_\_\_ Yes \_\_\_ No**

*If yes, please explain in detail:* \_\_\_\_\_

**PARENT VOLUNTEER INFORMATION**

**PARENTS/GUARDIANS:**

YES, I am willing to help with the 1st & 2nd Grade Basketball Program.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Describe your experience as it relates to Youth Basketball:* \_\_\_\_\_

Thank you for your interest in volunteering with this program.  
Those selected to help with the program will be contacted in December.

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

Photo Release: The Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Recreation use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

\_\_\_\_\_  
**PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**