

Enfield Recreation Department

Travel 5th - 8th grade

BASKETBALL

2022-2023

"Fostering Positive Youth Development One Athlete At A Time"

**NOW ACCEPTING
APPLICATIONS FOR
VOLUNTEER COACHES.**

**APPLY TODAY!
Deadline: Oct. 6th**



Player Evaluations Coming in October! (Dates TBA)

Pre-registration Begins: September 23rd at 8:00 AM.
Deadline: October 10th at 11:59 PM.

*Enfield Recreation Department - 124 North Maple Street - Enfield, CT 06082
Phone: 860.253.6420 Website: www.enfield-ct.gov/recreation*

Enfield Recreation Department Travel Basketball Pre-Registration Form

Player's Name: _____ Sex: _____ Age: _____ D.O.B.: ____/____/____
Street Address: _____ Home Phone: (____) _____
School: _____ Grade: _____ Height: _____ Feet/ _____ Inches
Are you playing on any other basketball teams? _____ Number of years playing organized basketball: _____
Parent/Guardian 1: _____ Parent/Guardian 2: _____
Best Contact Number: _____ Best Contact Number: _____
Email Address: _____ (FOR COMMUNICATION ABOUT THE PROGRAM)
Emergency Contact: _____ Relationship: _____ Phone: _____

Does your child have any medical conditions, allergies, special needs or behavioral concerns that our staff should know about to help ensure your child has a safe and positive experience? ____ Yes ____ No

If yes, please explain in detail: _____

REGISTRATION INFORMATION

Instructions for Online Registration: Log onto the Town's website at www.enfield-ct.gov/recreation and click on the "Register Now" button. 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 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, do not delay, 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. **The Recreation Department is not responsible for lost or untimely mail delivery.**

Instructions for Walk-In Registration: The Recreation Department will accept walk-in registrations Monday through Friday, 8:00 AM - 4:00 PM. **NOTE: The Recreation Office is closed on October 10th in observance of Columbus Day. Walk-in registration ends October 7th at 4:00 PM.**

Proof of residency is 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. A parent's or legal guardian's signature is required for all youth programs.

PRE-REGISTRATION BEGINS SEPTEMBER 23RD AT 8:00 AM.

**EVERYONE MUST BE PRE-REGISTERED BY MONDAY, OCTOBER 10TH AT 11:59 PM
TO PARTICIPATE IN EVALUATIONS!**

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Department 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.

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

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.

Behavior Expectations: I understand that I and/or my child must be able to abide by all rules and policies set forth by the said program and failure to do so may result in dismissal from the program.

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

PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE

DATE

**ENFIELD TRAVEL BASKETBALL - COACHING APPLICATION
COACHES INFORMATION**

NAME: _____ TODAY'S DATE: ____/____/____

ADDRESS: _____
No. Street City/Town State/Zip Code

PHONE: (Home) _____ (Work) _____ (Cell) _____

E-MAIL: _____ DATE OF BIRTH: ____/____/____

POSITION APPLYING FOR (check all that apply): ____ Head Coach ____ Assistant Coach

FULL NAME OF CHILD I WISH TO COACH: _____ GENDER: _____ GRADE: _____

PRACTICES are held Monday - Thursday, between 5:00 PM - 9:00 PM. All teams will have one 90 minute individual practice and one 60 minute shared practice each week. Practice locations to be determined.

GAMES are held on Friday nights, Saturdays and Sundays. Games will be held in Enfield and in League towns. Travel is required. Home game location to be determined.

COACHING ELIGIBILITY: To be considered for a volunteer coaching position, interested parties must:

- Complete the Coaches Application and return it to the Recreation Office before 4:00 PM on **October 6, 2022**.
- Pass a National Criminal Background Check and a personal reference check.
- Attend any mandatory pre-season meetings and player evaluations.
- Be available for your team's practices and games.
- Abide by all program policies and conduct rules set forth by the NCC League and the Enfield Recreation Department.

COACHING HISTORY

COACHING CERTIFICATION: YES NO CPR/FIRST AID: YES NO EXP. DATE: _____

OTHER CERTIFICATIONS: _____

COACHING EXPERIENCE: _____

COACHING PHILOSOPHY: _____

PLAYING EXPERIENCE: _____

HAVE YOU COACHED FOR ENFIELD TRAVEL BASKETBALL IN THE PAST: YES NO

If yes, indicate when and for which division: _____

LIST 3 PERSONAL REFERENCES AND PHONE NUMBERS:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

**PLEASE NOTE THAT SUBMITTING AN APPLICATION DOES NOT GUARANTEE A POSITION AS A COACH.
THE RECREATION DEPARTMENT WILL CONTACT SELECTED COACHES PRIOR TO PLAYER EVALUATIONS.**

COACHING APPLICATION - PAGE TWO

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have been arrested and may swear so under oath.

Have you ever been convicted of a law violation other than a minor traffic offense: Yes No

If yes, please explain: _____

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Are you a United States citizen or are you authorized to work in the United States? Yes No

CERTIFICATION AND RELEASE

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am hired, immediate discharge.

I authorize the Town of Enfield to contact all of the educational institutions, employers, personal references listed in this application and others the Town may deem necessary to contact to obtain information related to my application for employment. I authorize all such contacts noted above to provide information to the Town of Enfield and I hereby release the Town of Enfield and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

I understand that upon an offer of employment, I may be requested to successfully pass a physical examination. I hereby agree to take a drug screening test, consisting of blood and/or urinalysis test(s) to detect the presence of illegal drugs and/or alcohol, (including but not limited to, barbiturates, heroin, cocaine, marijuana) and that any positive test(s) will be confirmed by two (2) alternative methods. I authorize the laboratory conducting such test(s) to release the results of such test(s) to the Town of Enfield and I understand that I may request a copy of such results. I understand that the results of such test(s), if positive, may result in my disqualification from employment with the Town of Enfield. I release the Town of Enfield, employees of the Town of Enfield, elected or appointed officials of the Town of Enfield and I release the laboratory conducting such test(s), its employees and representatives from any and all liability arising from or out of the administration of such test(s).

APPLICANT'S NAME: _____ SS#** _____
FIRST MIDDLE LAST XXX-XX-XXXX

APPLICANT'S SIGNATURE: _____ DATE: _____

THE TOWN OF ENFIELD IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER-M/F

**** Mandatory to run the required background check.**

FOR INTERNAL USE ONLY