

FARMINGTON RECREATION...NOW MORE THAN EVER

2012 GIRLS 5TH - 8TH GRADE TRAVEL BASKETBALL

LOCATION: WEST WOODS UPPER ELEMENTARY SCHOOL
5TH & 6TH GRADE TRYOUTS: MONDAY AND WEDNESDAY, OCTOBER 15 AND 17 FROM 6:00 - 7:30 P.M.
7TH & 8TH GRADE TRYOUTS: MONDAY AND WEDNESDAY, OCTOBER 15 AND 17 FROM 7:30 - 9:00 P.M.
SPECIAL NOTICE: PLAYERS MUST ATTEND BOTH SESSIONS TO BE CONSIDERED FOR A TEAM.
FARMINGTON GIRLS TRAVEL BASKETBALL IS COMPRISED OF 4 TEAMS, ONE PER GRADE.
QUESTIONS, PLEASE CONTACT FARMINGTONGIRLS@GMAIL.COM
YOUTH REGISTERED FOR TRAVEL BASKETBALL THAT ARE NOT SELECTED WILL BE TRANSFERRED INTO THE RECREATION LEAGUE.
FEE (RESIDENTS ONLY): Ind. FEE: \$79.00 (TRAVEL BASKETBALL PLAYERS WILL INCUR ADDITIONAL FEES)
Family FEE: \$197.50 PER FAMILY OF 3 (\$39.50 FOR EACH ADDITIONAL PARTICIPANT)

REGISTRATION DEADLINE: FRIDAY - OCTOBER 12TH



GIRLS 5TH - 8TH GRADE TRAVEL BASKETBALL PROGRAM (221320-)

- 1. Please use a separate registration form for each participant. The waiver form must be signed in order to be registered.
2. Please make checks payable to: Town of Farmington. One check may be used to register for more than one program/participant.
3. Payment must accompany registration/waiver form.
4. Please return to: Farmington Recreation, 7 Westwoods Drive, Farmington, CT 06032 Phone: 860.675.2540, Fax: 860.675.2544

REGISTRATION & WAIVER FORM

I recognize that there are risks of injury involved to members of my family participating in recreational activities conducted by the Town of Farmington. Therefore, in consideration of the Town of Farmington conducting recreational activities and enrolling members of my family in such activities or permitting members of my family to participate in such activities, I do hereby, on behalf of myself and all members of my immediate family, release the Town of Farmington and its employees and agents from all liability with respect to an injury received by me or any member of my family arising from such activities.

5TH GRADE (-05) 6TH GRADE (-06) 7TH GRADE (-07) 8TH GRADE (-08)

Participant Name: Date of Birth:

Address: Town: Zip Code:

Telephone (home): (work): (cell):

Email:

Credit Card Number: EXP Date: () Check () Cash

Parent/Guardian Name: Date:

Medical Information

Please list any condition of which the supervisor/instructor should be made aware of in order to understand and better serve your individual need(s).

Condition:

Volunteer Coach Information

If you are interested in volunteering as a Travel Basketball Coach, please complete the following or contact Geoffrey Porter, Rec. Coordinator at 860.675.2540. Information will be forwarded to the Travel Basketball President.

Name (Please Print): Contact Phone:

Email:

REGISTER ONLINE: HTTPS://REC.FARMINGTON-CT.ORG