



Natick Recreation and Parks Department

2008 - 2009 Winter Basketball Boys and Girls • Grades 4 - 8

The Natick Recreation & Parks Department and the Natick Basketball Association will be sponsoring the Grade 4 through 8 Basketball Program.

In order to provide a quality program for your sons and daughters, we require the registration fees listed by grade level.

DIVISION 'A' - GRADES 7 & 8

Teams:	10 players per team (approximately)
Practice:	Once a week at Kennedy, Wilson Middle School or other site
Games:	Saturdays at Kennedy or Wilson - Each team plays 9 games
Boys Division:	7th & 8th Grade combined - Play Saturday mornings/afternoons
Girls Division:	7th & 8th Grade combined - Play Saturday afternoons
Begins:	Week of December 1, 2008
Ends:	February 14, 2009
Fee:	\$95.00* (see below)

DIVISION 'B' - GRADES 4, 5 & 6

Teams:	10 players per team (approximately)
Practice:	One hour per week (between 4 - 8 pm) any week night at the Cole Center, Brown, Lilja, Ben-Hem, Memorial School or one of the Middle Schools
Games:	Saturdays at Cole, Memorial, Brown, Ben-Hem or Lilja - Each team plays 9 games
Boys Division:	Grade 4 and Grades 5 & 6 Division - Play Saturday mornings/afternoons
Girls Division:	Grade 4 and Grades 5 & 6 Division - Play Saturday mornings/afternoons
Begins:	Week of December 1, 2008
Ends:	February 14, 2009
Fee:	\$85.00* (see below)

Note: Make Checks Payable To "Town Of Natick"

**WALK-IN REGISTRATION will be held at the Cole Center • 179 Boden Lane
Tuesday, Wednesday & Thursday, October 21, 22 & 23 • 7:00 - 8:30 pm.**

Note: For those who cannot sign up on Tuesday, Wednesday or Thursday Nights, we will take registrations at COLE CENTER after the above dates during our regular office hours (8:00 am - 5:00 pm) until all the available slots have been filled.

***We offer an optional raffle ticket process to offset the cost of the program.**

This process allows you and your player to sell raffle tickets, up to the cost you pay for the program.

Once sold, you bring the tickets (sold and unsold) and the cash back to the Cole Center for processing and you go home with the money. How great is that???!!!



Natick Recreation and Parks Department

NR&PD BASKETBALL REGISTRATION FORM

**(PLEASE FILL OUT COMPLETELY!)
(Each participant requires their own form)**

PLEASE PRINT

Participants Name LAST		FIRST		()	Area Code	HOME phone #	
Address			Town	Zip	E-Mail Address (Optional)		
/ /	Age	<input type="checkbox"/> M	<input type="checkbox"/> F	School		Grade	
Date of Birth				()	Area Code	WORK Phone #	
Mother's First Name		Last Name (If different)		()	Area Code	CELL Phone #	
Father's First Name		Last Name (If different)		()	Area Code	CELL Phone #	
Emergency Contact (other than parents)		Relationship to Child		()	Area Code	Phone #	

Medical Concerns:

Disability/Allergies, etc. the Department should be aware of _____

Please note that photos of your child may be used for various publicity media's.

Medical Information

I realize injuries can occur from participation in sports and other activities. I hereby waive, release, absolve, indemnify and agree to hold harmless The Town of Natick, Natick Recreation and Parks Department, their directors, instructors or assignees from any claim arising out of injury to my child.

Should my child be taken to the hospital for emergency purposes, I hereby grant permission to the attending physician and staff to administer anesthesia, medical, x-ray and surgical procedures as may be deemed necessary or advisable.

I understand that an attempt will be made to contact me in an emergency.

Signature _____ Date ____/____/____

GENERAL INFORMATION:

IMPORTANT: Please circle any night that you **COULD NOT** practice

Monday **Tuesday** **Wednesday** **Thursday** _____

Height _____ Weight _____ Playing Position _____

Number of years experience in basketball _____ Shirt Size _____

PARENTS: If you would be interested in **coaching** or **assisting** in the program please check box

Make Checks Payable to: **TOWN OF NATICK** Total Cost \$ _____

Method of Payment: Cash Check # _____ Credit Card
(**\$25 will be charged for returned checks**)

Visa/MC # _____ Expiration Date ____/____/____

SIGNATURE _____ **DATE** ____/____/____