



Watertown Parks & Recreation Department
 The Municipal Offices at Heminway Park School
 61 Echo Lake Road

Phone (860) 945-5246 Fax (860) 945-4734 Info-Line (860) 945-5272
 Web Site www.watertownctrecreation.com



Youth Basketball 2019-20

REGISTRATION: Located at Watertown Parks & Recreation Department
STARTS ON THURSDAY, SEPTEMBER 5, 2019 from MONDAY - FRIDAY 8 AM - 5 PM

FEE:	Bantam Basketball (Boys & Girls ages 6 & 7)	\$100.00
	In-Town (Boys & Girls ages 8 -13)	\$120.00
	Travel (Boys & Girls grades 5, 6, 7, & 8)	\$140.00
	Family Maximum:	\$210.00

Because of Town of Watertown insurance rules age group guide lines for youth basketball will be strictly enforced.

NOTE: Players cannot be on Watertown Parks & Recreation In-Town and Travel Teams at the same time.
 Any refunds requested are subject to a processing fee of \$10.00 per child.
THERE ARE NO REFUNDS AFTER THE START OF THE SEASON
 Season starts at time of tryouts for travel team or team selections for In-Town.

Travel registrations will be taken until Friday, October 4, 2019 & In-town registrations will be taken until Friday, October 18, 2019. Bantam Basketball registrations will be taken until Friday, November 29, 2019. Registrations taken after those dates are subject to availability on a first-come first-served basis and put on a waiting list. There will be a \$10.00 late fee and will be accepted only if teams still have openings.

All children trying out for Travel Team **MUST** register for Travel Team prior to the deadline above. No "In-Town" Registrants will be allowed to try out for travel. If they don't make the Travel Team and are 14yrs old and in 8th grade they will be allowed to play "In-Town". Anyone who is not registered and paid in full by the deadline above will not be allowed to tryout for the Travel Team. There will be no exceptions to this rule!

Child's Name: _____ **Date of Birth:** _____
 (Last) (First) (MI)

Street Address: _____ **Zip Code:** _____

Phone: _____ **Emergency Phone:** _____ **Sex:** M / F

Grade: _____ **School:** _____ **Allergies/Special Needs:** _____

Email Address: _____

Shirt Size (circle): Youth Medium / Youth Large Adult Small / Adult Medium / Adult Large / Adult X-Large
(Shirts do not apply to the Travel Teams)

Please call the Parks & Recreation Department at (860) 945-5246 if you are interested in coaching either In-Town or Travel Team.

Coaches Name: _____ **Phone Number:** _____

Acknowledgement and Waiver

You are required to read the following information very carefully and make sure that you understand it fully and sign it before participating in this program. I am fully aware that the activity and program I am choosing to participate in may result in risk of injury or harm. On my own behalf, and on behalf of my own personal representatives and heirs, successors and assigns, I hereby release, indemnify and save harmless the Town of Watertown, its officers, employees, designees, consultants, agents, and directors (hereinafter representatives) from all claims and liability of whatever nature arising from any act, omission, negligence or otherwise of the Town of Watertown or its representatives, including any injury to any person or any property of any person. This indemnification and hold harmless agreement shall include indemnity against all costs (including without limitation, reasonable attorney's fees and court costs), expenses and liabilities incurred in, or in connection with, any such claim or proceeding brought thereon and in defense thereof. Note: Signing this form also acts as a permission slip for all field trips and gives permission for my/my child's likeness to be used in promotional and newspaper press releases and photos. I have read and understood this release, indemnification and hold harmless form. I have been given the opportunity to ask questions. I voluntarily sign it and hereby give permission for the Town of Watertown staff to administer basic first aid and or seek appropriate medical assistance for the participant listed below. Per Connecticut General Statute 19a-77 we are required to disclose that our programs are not licensed by the State Office of Early Childhood.

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Res. _____ B.C. _____ Amt Paid _____ Receipt _____
 Check: _____ Cash: _____ Credit Card: _____ Rec'd By: _____