

2010 GIRLS FIFTH GRADE BASKETBALL

PUBLIC SCHOOL PROGRAM

DEADLINE: TUESDAY, JANUARY 5

To Parents:

The Park and Recreation department sponsors this fifth grade basketball program for girls attending public schools. The goals of this program include basic skills instruction, participation, sportsmanship, and fun. We are now in the process of recruiting volunteer coaches. We are hoping that parents or other interested individuals will come forward. If you have any interest or know of someone who has, please contact our office at 262-8080. We ask that parents who are not involved in coaching be supportive of their child's coaches, and the program goals.

TEAMS - Teams are formed based on the school attended for ease of transportation and communication.

PRACTICES - Will be held at the school gymnasiums right after school, approximately 3:15-4:30 pm. Available practice days will be Monday, Tuesday, Thursday, and Friday. Practices are scheduled to begin mid January.

GAMES - After approximately 2 weeks of practice, games will begin. These will be scheduled on practice days beginning at about 3:45. Parents will be responsible for transportation to these games. All players will receive a schedule. Teams will play approximately 10 games.

ATTIRE - All players are required to wear tennis shoes. Basketball style shoes are recommended. T-shirts, shorts or sweat pants are recommended for practice. Jerseys will be provided for games.

FEES - \$16.00 City residents
\$24.00 Non city residents.

Checks payable to: City of Watertown.

Tax Included

REGISTRATION - Forms should be completed and **returned to the school office or Park and Recreation office by Tuesday, January 5.** Children will not be allowed to participate until signed forms are returned.

SPECIAL NEEDS - The department will make every effort to comply with the regulations associated with the Americans With Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation.

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Name _____ Birthdate _____

Address _____ Phone _____

School Attending _____ Is parent willing to help coach? Yes ___ No ___

List any special needs, physical/medical conditions the coach should be aware of: _____

Family physician: _____

I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Signature of parent/guardian: _____ Date _____

FEE PD: \$16.00 CR \$24.00 NCR Tax Included