The program meets at the Chester Elementary School multipurpose room, December 5 through March 4, for Chester residents in grades 1 through 6. Confirmation of all scheduled times will be based on enrollment. The schedule will be available as coaches volunteer. The children will be divided into equal skill level groups in grades 3 through 6, *when more than one clinic is available* for a particular grade. Unless notified otherwise, please have your child attend the first, grade appropriate scheduled clinic, beginning December 5.

*Students going to basketball directly after school must give their classroom teacher a note with the dates they will be staying after school.

A **$20 registration fee** is required for participants in **grades 1 and 2** and **$40 for grades 3 through 6**. Please add $15 if your child would like a shirt. Only 3rd through 6th graders *must* have a shirt. Shirts from previous years may be used. Return registration, with the fee payable to "Chester Park & Rec" to the Parks and Recreation mailbox in the Town Hall or mail to:

Town of Chester, Parks and Recreation, 203 Middlesex Avenue, Chester, CT 06412

Please DO NOT send fees or registrations to the school. DO NOT give them to the coaches.

ALL REGISTRATION MUST BE RECEIVED BY 7:00PM NOVEMBER 29, 2011!
LATE REGISTRATIONS CANNOT BE ACCEPTED!

If you register by mail your child will receive a shirt, if it was ordered, at their first clinic meeting.

All children not in the program must be accompanied, and closely supervised, by an adult. They are NOT PERMITTED ON THE COURT.

EVERYONE must vacate the building at the end of each practice or game.

Clinics are instructional, with scrimmages among the children in the clinic. All players participate equally. Grades 3 through 6 may play competitively against other teams. In these situations all children MAY NOT have the opportunity to play an equal amount of time.

ALL CHILDREN MUST BE SIGNED OUT after each clinic.

detach----------

Child's Name _____Grade _____
Name(s) of Parent(s) or Guardian(s) _____e-mail_____
Home Phone Number _____Number During Program_____
List any concerns the coach should be aware of (physical, emotional or social)._____
_____
The following people may sign out my child_____
Emergency Names and Phone Numbers_____

Circle if you are ordering a shirt Amount of Fee Enclosed_____

I give permission for my child, named above, to participate in the Chester Parks and Recreation Youth Basketball Clinic, December 5, 2011 through March 17, 2012. I understand there are inherent risks to this activity and I assume those risks. I understand that some coaches are not trained to administer medication. If my child may require medication at the program I will be present.

_____ _____
signature of parent or guardian date