

Recreation Basketball

2nd Grade

2019



This 6week co-ed program is a great way to introduce kids to the fundamentals of the sport. The focus being the basics of dribbling, throwing, catching, pivoting, passing, shooting, while increasing coordination and teambuilding. Scrimmaging possible.

Parent volunteers are needed to help support!

Volunteers are what make our programs work!

- 2nd Grade will meet on Wednesdays 3:30-4:30 starting Feb. 13th ending March 20th

Registration Fees: \$20.00 due February 6th

Drop off form locations: School (you may send to school via backpack)– Town Office – Drop Box outside next to Library stairs.

Please make checks payable to: The “Town of Bowdoinham” 13 School St. Bowdoinham, ME 04008

***A fee of \$5.00 will be assessed for any late registrations to help with xtra shirt shipping**

Please email allen at recreation@bowdoinham.com

Name _____ **Circle** T-Shirt Size: Youth or Adult: S M L XL

Date of Birth _____ Age: _____ Grade: _____

Parent/Guardian Name _____ Phone # _____

Parent/Guardian Name _____ Phone# _____

Address _____

Email Address _____

Coach/Help (circle) _____
Name

For Office Use Only:

Registration fee paid: Check# _____ Cash _____ Credit Card _____

Sponsored by Bowdoinham Recreation Dept. Distributed Jan. 6th 2018

-Please fill out the back as well-





Bowdoinham Recreation Department



Please read the message and sign below:

The Coaches for the Bowdoinham Recreation Department are all volunteers. The behavior of participants is a concern for all who are involved. The parents that I have asked to help out in the program are volunteers who are there to have fun and teach the game of basketball; they may not possess the skills to deal with overly disruptive children. We understand that at times children will get excited and at times overly excited but he or she will need to be able to follow directions from the coaches and behave appropriately and politely. **You may be asked to be at the sessions with your child.** If bad behavior becomes an issue with your child, he or she may be asked to not come the next session. Upon returning, if the behavior has not improved, he or she may be asked to not come to the remaining sessions.

Child : _____ Parent/Guardian: _____

Emergency Form:

I hereby give permission for the above named child to participate in the Bowdoinham Recreation Department's Basketball program. I assume all risks and hazards incidental to such participation. I hereby agree to hold harmless the Bowdoinham Recreation Department/Sad#75 and their volunteers, agents and employees. Further, I authorize the Bowdoinham Recreation Department to provide emergency treatment if qualified medical personnel determine treatment is necessary and perform the treatment.

Date _____ Parent/Guardian signature _____

Preexisting medical conditions (allergies, chronic illnesses, medications....)

Name of Physician: _____ Name of Dentist: _____

Preferred Hospital: _____ Med Ins & Policy Number: _____
