

Please review these policies regarding participation in the HK Recreation's Youth Basketball Program:

- 1. There will be no refunds issued once registration is completed (after 10/28). Exceptions will be made if a player is ill or injured (doctor's note required), or if the player moves out of town.
- 2. It is understood that players are expected to be at their team's practices and games. If a player will be unable to attend, the coach should be notified.
- 3. We will try to honor your carpool request (1 player), but we cannot guarantee this. Balanced teams are our first priority. Requests must be for carpooling purposes only (i.e. someone from your neighborhood).
- 4. You may pick one (1) day of the week that you do not want your child to practice. We will try to honor your request, but we cannot guarantee this.
- 5. Parents are expected to act in a sportsmanlike manner when watching games. Abusive language and behavior directed towards players, coaches, and referees will not be tolerated.
- 6. Once teams are selected, players cannot be moved to other teams.
- 7. I understand that my child is not allowed to wear any type of jewelry to games and practices. This includes cloth/plastic bracelets and, most importantly, any PIERCED EARRINGS.
- 8. I have read the concussion awareness sheet on our website.

No practice _____ Travel _____ Sibling _____ '21 R _____ Assessment _____

DO NOT WRITE ABOVE THIS LINE.....OFFICE USE ONLY

REGISTRATION FORM (PO Box 569, Higganum, CT 06441)

Please mail form before skills assessment or register on-line.

Child's Name _____ DOB _____ Gr. _____

Girls League ____ Boys League ____ School _____ Height _____ ft. _____ in.

Which assessment date will your child (Boys Gr. 5-8) be attending?: **10/19** or **10/25**

Address _____ Town _____

e-mail _____ Phone () _____

Cell phone (Mom) () _____ (Dad) () _____

- 1) Are there any physical/behavioral conditions the coach should be aware of?
- 2) Does your child play on a Travel Basketball Team? [] yes [] no
- 3) You may request **one** day that your child cannot practice. **Please circle:** M T W Th F
- 4) Is there a player from your neighborhood who you need to carpool with? Name _____ Gr. _____

Can You Help? **Please circle:** Coach Asst. Coach Referee

Your Name: _____ email _____

Coach with: _____ Division to coach _____

I hereby covenant and agree to release and hold harmless the HK Recreation Dept. and its agents from and against any and all liability, loss, damage, claims or actions (including costs and attorney fees) for bodily injury and/or property damage out of participation in the Youth Basketball League. I understand participation in the Youth Basketball League may involve rigorous physical activity and risks of physical injury, and I assume these risks. I have read and understand the player/parent policies and concussion awareness.

Parent/Guardian's Signature _____