

ANTRIM PARKS & RECREATION

P.O. BOX 517 ANTRIM NH, 03440

www.antrimnh.org



BASKETBALL FOR AREA YOUTH GRADES 1 THRU 9

Phone 603-588-3121 or Fax 603-588-2969

antrimrecreation@tds.net

HOW TO REGISTER:

Visit us at the Antrim Recreation Office during the following business hours:

- Monday: 9am-5pm
- Tuesday: 9am-2pm
- Wednesday: 9am-5pm
- Thursday: 7-9 pm
- Friday: 9am-2pm

Deliver to the Town of Antrim Town Hall:
Monday-Thursday 8:00 am - 4:00 pm

Mail completed registration & payment to:
Antrim Recreation / Sports
PO Box 517
Antrim NH 03440

Make checks payable to:

Town of Antrim

**** Please call or e-mail if cost is prohibitive. We want your child to play! ****

Things you need to know:

1st & 2nd GRADE

- One day a week (Day/Time TBA)
- SKILL DEVELOPMENT ONLY (COED)

3rd & 4th GRADE

- Separated by Boys Team and Girls Team
- Two Days a Week (Days/Times TBA)
- SKILL DEVELOPMENT/SCRIMMAGES and possible LEAGUE PLAY to be confirmed

5th & 6th GRADE

- TRAVEL DIVISION GIRLS & BOYS TEAMS
- SILVER VALLEY & EMERALD VALLEY LEAGUE
- Practice/Games 2 nights & 1 weekend day
- Teams will be formed if enough players register by the deadlines noted below.

REGISTRATION FEES:

(Covers: Uniform, Equipment & League Fees)

- \$35 per player/max \$60 per family
- Deadline – Friday, October 30, 2009
- \$40 registration fee after October 30th and all registrations will be placed on a waiting list.

DETACH FORM HERE AND SEND OR BRING REGISTRATION TO ANTRIM RECREATION (SEE ABOVE)

Players Name: _____ Town: _____

Parents Name: _____ Home Phone: _____

Mailing Address: _____ Cell Phone: _____

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

E-mail Address: _____ Gender: M or F Grade: _____

Emergency Contact (if we can't reach you) _____

Volunteers Needed: Coach Asst. Coach Bookkeeper **Concessions

** If you volunteered to help with concessions, please contact us with your availability after reviewing your son or daughter's home game schedule.

Name of Volunteers: _____

All sports are potentially dangerous and may result in personal injury to the player. You hereby are acknowledging that you are registering your child and accept the risks inherent in the sport. Additionally, you understand that any injuries or illnesses sustained by your child will be your responsibility to pay for and that there is no medical insurance granted to your player/child when they register for our program. You understand and give permission for us to seek appropriate medical care and transport in the case of injury or sudden illness.

Child's regular physician: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please note anything we should know (medical, social, carpool issues etc:) about your child? _____