

**ANTRIM PARKS & RECREATION**

P.O. BOX 517 ANTRIM NH, 03440

[www.antrimnh.org](http://www.antrimnh.org)

**BASKETBALL FOR AREA YOUTH GRADES 1 THRU 9**

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

[antrimrecreation@tds.net](mailto:antrimrecreation@tds.net)

**HOW TO REGISTER:**

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

- Tuesday 9:30 am to 4:00 pm
- Wednesday 1:00 pm to 4:00 pm
- Thursday 6:00 pm to 10:00 pm
- Saturday 10:00 am to Noon
- Or by appointment

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

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

**REGISTRATION FEES:**

**\$25 for Grades 1 - 4 DUE BY 11/14/07**  
**\$45 for Grades 5 – 9 DUE BY 11/01/07**

Make checks payable to **Town of Antrim**

**1<sup>st</sup> & 2<sup>nd</sup> GRADE**

- Saturdays 9:00-10:00 AM
- SKILL DEVELOPMENT ONLY (COED)
- COST \$25 per player
- Register BEFORE Wednesday, November 14<sup>th</sup>

**3<sup>rd</sup> & 4<sup>th</sup> GRADE**

- Separated by Boys Team and Girls Team
- Two Days a Week (Days/Times TBA)
- SKILL DEVELOPMENT/SOME LOCAL SCRIMMAGES
- COST \$25 per player
- Register BEFORE Wednesday, November 14<sup>th</sup>

**5<sup>th</sup>/6<sup>th</sup> & 7<sup>th</sup>/8<sup>th</sup>/9<sup>th</sup> 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. In the past we have not had enough players for the 7th, 8th and 9th grade division.
- COST \$45 per player
- Register BEFORE Thursday, November 1<sup>st</sup>

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

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

Players Name: \_\_\_\_\_ Town: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

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: \_\_\_\_\_

Parnet/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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