



Bethany Hoops

Kindergarten through 6th Grade

Bethany Parks & Recreation is excited to announce its upcoming Bethany Hoops Recreational program. Please see start dates indicated below per age group. Practices and games will begin in December and end mid-March 2019.

Please register now by completing the form below and returning it to our office at: Town Hall, 40 Peck Rd., Bethany, CT 06524. If you have any questions, please phone us at: 203 393-2100, Ext. 1127.

**** Your child will be placed on a team based on his/her evaluation; therefore, please do not make requests for placement. -Thank You.**

Parents, if you are interested in returning as, or becoming a coach, please give us a call or indicate in the space provided below.

NAME: _____

EMAIL ADDRESS: _____

ADDRESS: _____

PHONE: _____

GRADE: _____ TEACHER: _____

EMERGENCY PHONE: _____

SHIRT SIZE: YS ___ YM ___ YL ___ YXL ___ AS ___ AM ___ AL ___

-BOYS 4th-6th GRADE: HEIGHT: _____



PLEASE CHECK ONE PROGRAM

_____ **K & 1ST GRADE BOYS AND GIRLS - Mondays, 5:30pm – 6:30pm beginning 12/10. Cost \$70.00**

_____ **2ND & 3RD BOYS AND GIRLS - Tuesday night practices 6:00pm-7:30pm at BCS Gym. Saturday games, 12:30pm-2:00pm at AMS Bethany. Cost \$80.00. * Skills assessment scheduled for Tuesday, November 13th & 20th 6pm-7:30 pm in the BCS Gym.**

_____ **GIRLS GRADES 4-6; Mondays, 6:30pm – 8:00pm beginning 12/10. Cost \$80.00.**

_____ **BOYS GRADES 4 – 6; Saturday games, Wednesday Practices. Cost \$80.00. * Skills assessment scheduled for Wednesday, November 14th & Monday, November 19th @ 6:00pm-7:30pm in the BCS Gym.**

_____ **YES, I wish to be a Team Coach. Name: _____ Phone: _____**

Email: _____

WAIVER OF TOWN LIABILITY:

Participants acknowledge that he/she or the parent or guardian has read and understands the information previously given. Participant/guardian/parent further certifies that he/she is in good physical condition and is fit to participate in this activity. Participant/parent/guardian understands that the Department's Sports Activities have categories of inherent risk, that accidents can occur, and that he/she must always be alert for dangers to themselves and to other participants. In the event of an injury to my family member, or myself I give permission to the attending physician to render such treatment and agree to pay for the treatment. I release Bethany P&R, its employees and instructors. I understand that this release applies to any present or future injuries. I have read and sign it voluntarily. Bethany Hoops may also provide a travel program for the children interested in a more competitive basketball program. It is imperative that all parents understand that playing time on travel teams is not guaranteed. Also note that there will be an additional fee that will be determined by age group, league placement and the number of games played. This fee is used to compensate for travel league fees, officiating costs, uniforms (if necessary) and tournament entrance fees. The players must play at least 50% of Bethany Hoops Games (or a town rec league) and 50% practices in order to be eligible for the travel team. Any less, then the player forfeits his/her place on said travel team without a refund.

Parent/Guardian Signature & Date