

**STRAFFORD RECREATIONAL SPORTS
Basketball Registration**

**Participation Registration Form:
DEADLINE Nov. 1, 2011**

This form may be mailed, with payment, to
Strafford Recreational Sports,
PO Box 261, Strafford, NH 03884

Grades K, 1 and 2

Fee: \$25

Co-ed skills clinic

Grouped by grade to facilitate learning and ball skills

Six week program

Beginning January 7, 2012

Ending February 18, 2012

Will be held on Saturdays in Strafford - times T.B.D.

GRADES 3-8:

Northwood and Strafford Students

Fee: \$30

Playing groups:

Girls 3rd and 4th grade teams

Boys 3rd and 4th grade teams

Girls 5th and 6th grade teams

Boys 5th and 6th grade teams

Girls 7th and 8th grade teams

Boys 7th and 8th grade teams

Skills assessment date T.B.D

For more information, contact **Torri Ostrye-Richards** at tar3664@metrocast.net

Strafford Rec. Basketball Registration Form

Player: _____ Parent/Guardian: _____

Address: _____ Email: _____

Phone: _____ Email: _____

Circle one in each row

Grade K 1 2 3 4 5 6 7 8

Shirt Size Adult Child S M L XL XXL

Gender Female Male

You can make this program and other SRS programs by providing your active support. Please volunteer for any of the positions listed below; no experience necessary.

- Coach Assistant Coach Referee
- Scorebook or Timer Equipment Manager Other _____

PERMISSION AND VERIFICATION

I hereby give my son/daughter/ward permission to participate in recreational sports and to go with the representative of Strafford Recreational Sports on trips necessary for this competition. **I understand that by their nature, competitive athletics may put students in situations in which serious, catastrophic, and, perhaps, fatal accidents may occur.**

In the event the above named student is injured, you are authorized to render first aid and/or secure medical treatment, including ambulance service if necessary.

My son/daughter/ward has medical and hospitalization policy with _____

Policy Number _____

Does your student have any health limitations known to you that might be aggravated by any competitive sports participation?

YES _____ NO _____ If YES, please explain _____

Is your student allergic to penicillin and/or tetanus toxoid? YES _____ NO _____ other allergies? _____

INJURY

Either the parent (or guardian) and the student will affirm by signature that each understands the following statement regarding their ability in the event of student injury:

It is understood by the student and his/her parent/guardian that Strafford Recreational Sports, Inc. assume no liability for injuries incurred in Strafford Recreational Sports, Inc. sponsored athletics. Any student athletic injury must be reported to the coach before leaving the place of game or practice in order that proper report is completed. All medical, hospital, ambulance or other such bills shall be charged to the parent/guardian and shall be considered the financial responsibility of such parent/guardian.

As parent or guardian of _____ I signify that the above rules, regulations and information are acceptable and give full permission for him/her with authorized personnel to participate and travel with the team during the entire season.

Parent/Guardian Signature