

Swanzy Recreation Department is sponsoring a Winter Basketball Program

Open registration is starting now until December 20, 2016.

Open to 4th, 5th, and 6th Grade (cannot be on school team)

Cost: \$35.00 for residents

Make checks payable to Town of Swanzy-Recreation Department.

Volunteer coaches are needed in all levels.

Players must wear appropriate clothing and footwear. Basketball shoes must be clean and not worn outside. Players need to bring a water bottle (full of water) with them to every game and practice.

Games will be played at The Cutler School gymnasium. Games/practices are scheduled to play on Wednesday evenings and Saturday mornings. This program will start on January 11th (time TBA).

This program will focus on giving all children the experience of playing basketball, learn the basic basketball skills and most of all to have fun. Return all completed forms with your check made payable to the Town of Swanzy. Call Ian Fraunfelder with any questions at 603-209-2927 or Town Hall at 603-352-7411 ext. 115.

Child's Name: _____

Birth date: _____ Grade and Age: ____ / ____ Sex: Male/Female (circle one)

Address: _____

Town, State, Zip Code: _____

Number of years child has played basketball: _____ Child's shirt size _____

Parents' Names: _____

Home phone: _____ Work phone: _____

Cell phones: _____

E-mail address (mandatory for information about times and cancelations):

Signature of parent or guardian: _____

Date: _____

Are you willing to volunteer to help with this program? _____

This is not a school sponsored event

Please complete back side

NAME OF PARTICIPANT: _____

My son/daughter has permission to participate in the Town of Swanzey Recreation Committee/ Summer Camp Program.

I hereby waive for myself and my child the right to assert any claim arising out of injury to the child due to participation in, preparation for, or travel to and from any recreation program, sport or activity. I acknowledge that participation in sports or activities authorized come with certain risks which are hereby assumed. I relinquish any right which I or my child might otherwise have for payment of medical costs or other losses beyond what insurance I may have.

I hereby authorize the director, staff and volunteers of the Town of Swanzey Recreation Committee to act for me according to their best judgment in an emergency medical situation.

Signature of Parent or Guardian & Date

EMERGENCY MEDICAL TREATMENT FORM

This form is to be used only after EVERY effort is made to contact the parent or guardian and ONLY in case of an emergency.

The patient and others whose signatures are attached do hereby consent to any and all medical and surgical treatment including anesthesia and operations which may be deemed advisable by his/her physicians and surgeons. The intention hereof being to grant authority to administer and perform all and singularly any examinations, treatments, anesthetics, operation and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that the patient when admitted is to remain in the hospital until his/her physician recommends the patient's discharge. In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed below.

PATIENT'S NAME: _____

PARENT/GUARDIAN: _____

DATE: _____

PHYSICIAN'S NAME & PHONE#: _____
