

RECREATION BASKETBALL

SESSION 1 REGISTRATION DEADLINE: Friday, December 25TH @ 5pm

SESSION 2 REGISTRATION DEADLINE: Friday, February 19TH @ 5pm

We will have a limited number of spots available for each time slot, so please register early. ALL SESSION I REGISTRATIONS RECEIVED AFTER FRIDAY, DECEMBER 25TH WILL BE PLACED ON A WAITLIST. ALL SESSION II REGISTRATIONS RECEIVED AFTER FRIDAY, FEBRUARY 19TH WILL BE PLACED ON A WAITLIST AS WELL. Please coordinate with your friends so you can sign up for the same time slot.

If you register for both sessions at the same time, there is a \$5 discount per child. However, your child will not receive a shirt for Session II and will need to use their Session I shirt.

3 - 4 YEAR OLDS

Blackburn Hall
\$45 / \$50 NON-RES
Recreation Staff

See times below
Saturdays: See dates below
Ages 3 - 4

SESSION I (Jan. 9 - Feb. 6)

CLASS #:	AGE:	TIME:
RB3A1	3 years	9:00 - 9:30 a.m.
RB3A2	3 years	9:45 - 10:15 a.m.
RB4A1	4 years	10:30 - 11:00 a.m.
RB4A2	4 years	11:15 - 11:45 a.m.

SESSION II (Feb. 27 - Mar. 27)

CLASS #:	AGE:	TIME:
RB3B1	3 years	9:00 - 9:30 a.m.
RB3B2	3 years	9:45 - 10:15 a.m.
RB4B1	4 years	10:30 - 11:00 a.m.
RB4B2	4 years	11:15 - 11:45 a.m.

5 YEAR OLDS

Blackburn Hall
\$55 / \$60 NON-RES
Recreation Staff

See times below
Saturdays: See dates below
Age 5

SESSION I (Jan. 9 - Feb. 6)

CLASS #:	AGE:	LEVEL:	TIME:
RB5B1	5 years	Beginner	12:00 - 12:45 p.m.
RB5A1	5 years	Advanced	1:00 - 1:45 p.m.

SESSION II (Feb. 27 - Mar. 27)

CLASS #:	AGE:	LEVEL:	TIME:
RB5B2	5 years	Beginner	12:00 - 12:45 p.m.
RB5A2	5 years	Advanced	1:00 - 1:45 p.m.

6 - 8 YEAR OLDS

Blackburn Hall
\$55 / \$60 NON-RES
Recreation Staff

See times below
Saturdays: See dates below
Age 6 - 8

We need parents to volunteer to be head coaches for this age group. We would need two parents per week for your child's hour to be the head coaches. If someone would like to help out but cannot be there each week, they may help on a week to week basis. IF YOU WOULD LIKE TO BE A HEAD COACH, PLEASE INDICATE ON THE REGISTRATION FORM IN THE APPROPRIATE BOX.

SESSION I (Jan. 9 - Feb. 6)

CLASS #:	AGE:	LEVEL:	TIME:
RB6B1	6 years	Beginner	9:00 - 9:45 a.m.
RB6B2	6 years	Beginner	10:00 - 10:45 a.m.
RB6A1	6 years	Advanced	9:00 - 9:45 a.m.
RB6A2	6 years	Advanced	10:00 - 10:45 a.m.
RB7A1	7 & 8 years	-	11:00 - 11:45 a.m.
RB7A2	7 & 8 years	-	12:00 - 12:45 a.m.
RB7A3	7 & 8 years	-	1:00 - 1:45 p.m.
RB7A4	7 & 8 years	-	2:00 - 2:45 p.m.

SESSION II (Feb. 27, Mar. 13, 20, 27 and Apr. 3)

CLASS #:	AGE:	LEVEL:	TIME:
RB6B3	6 years	Beginner	9:00 - 9:45 a.m.
RB6B4	6 years	Beginner	10:00 - 10:45 a.m.
RB6A3	6 years	Advanced	9:00 - 9:45 a.m.
RB6A4	6 years	Advanced	10:00 - 10:45 a.m.
RB7B1	7 & 8 years	-	11:00 - 11:45 a.m.
RB7B2	7 & 8 years	-	12:00 - 12:45 a.m.
RB7B3	7 & 8 years	-	1:00 - 1:45 p.m.
RB7B4	7 & 8 years	-	2:00 - 2:45 p.m.

ALL FIELDS ARE REQUIRED

RECREATION BASKETBALL

PRIMARY CONTACT NAME: _____ PRIMARY CONTACT D.O.B.: _____ (REQUIRED)

EMAIL: _____

HOME PHONE: _____ CELL: _____ WORK PHONE: _____

MAILING ADDRESS: _____
(STREET) (TOWN) (ZIP)

SECONDARY CONTACT: _____ PHONE: _____

REGISTRANT KNOWN ALLERGIES: _____

CLASS #	REGISTRANT'S FULL NAME	SEX	DATE OF BIRTH	SHIRT SIZE (CIRCLE ONE)	GRADE	FEE
				YS YM YL		
				YS YM YL		
				YS YM YL		
				YS YM YL		
				YS YM YL		
				YS YM YL		

MAKE CHECKS PAYABLE TO : TOWN OF WALPOLE **TOTAL**

I AM WILLING TO BE A HEAD COACH:

(6 - 7 year olds only)

Name of my child that I would like to coach: _____

Coach's Name: _____

Coach's Phone Number: _____

Read and Sign Below: I am fully aware of the risks inherent and hereby give my consent for the above named registrant(s) to participate in the program(s) offered by the Walpole Recreation Department, and hereby release the Town of Walpole, any of its elected or appointed officials or instructors, employees, volunteers, or program coordinators from any and all liability from injuries, claims, demands, costs, loss of services, expenses and/or damages sustained by me or us or our minor children on account of his or her participation in said program or event.

DATE: _____ SIGNATURE: _____ PRINTED NAME: _____

FOR OFFICE USE ONLY		TIME STAMP	COMPUTER INITIALS
DATE RECORDED: _____ / _____ / _____	RECEIVED BY: _____		
CK # _____ CASH # _____	AMOUNT: _____		