

NEWS RELEASE

Release ASAP / Please repeat until November 13, 2009

League Contact: Patrick Austin 783-3390

September 09, 2009

7 & 8 Year-old Boy's & Girl's Developmental Basketball League

The Milford Recreation Department announces that it will begin accepting registrations for its popular Boy's & Girl's 7 & 8-year-old Developmental Basketball League. The league will play Sunday mornings beginning in early December at the West Shore Recreation running approximately eight non-consecutive weeks.

Each week teams will have a brief 15-minute instruction period followed by a 45-minute game. The emphasis will be on its participants having fun while learning the basic fundamental skills & rules of basketball. The leagues design relies solely on the coach's ability to teach during a game situation while serving as a referee. This affords each coach the ability to stop the game and explain the reason for the stoppage to effectively teach the rules and fundamentals of basketball in a game setting. Scores or standings will not be kept; modified lowered baskets will be used and equal playing time is mandatory.

Individuals may register in person at the Recreation Department in the Parsons Complex – 70 West River St. The individual registration fee is \$20.00 per child and includes a basketball shirt. This program is for Milford residents or taxpayers only; Children must be 7 or 8 years old as of December 31, 2009. Six and nine-year-olds are not permitted.

Registration is on a first come, first serve basis for all new and returning players. *Returning players must register by October 15 if they wish to be assigned to their previous team.* The registration deadline is November 13, 2009. *Registration after this date is on going until program maximums are met however late registrants may be responsible for providing their own same colored team t-shirt.*

All teams will be created by the Recreation Department in a "paper draft" based upon age and school. Coaches are also wanted and may sign-up upon registering his/her child. Coaches may request up to two children other than his/her own child. For more information contact Patrick Austin at 783-3390 or paustin@ci.milford.ct.us.

Milford Recreation Department - Parsons Complex 70 W. River St. Milford, CT 06460

7 & 8 Year Old Boy's & Girl's Developmental Basketball League - Registration Form

ELIGIBILITY

The program is for Milford Residents or taxpayers who are seven years old by December 31, 2009. Those who are eight-years-old by the same date are also eligible. Six and Nine year-olds are NOT eligible. Non-residents are not permitted.

GENERAL INFORMATION - MORE INFORMATION ON REVERSE SIDE

Registration is on a first come, first serve basis for all new and returning players. Returning players must register by **October 15** if they wish to be assigned to their previous team. The **\$20.00** registration fee (**Payable to: Milford Recreation Department**) includes a tee shirt for those who register before the **November 13, 2009 deadline**. Registration after this date is on going until program maximums are met however late registrants may be responsible for providing their own same colored team t-shirt. You may register in person or mail the completed form with the appropriate fee to the above address. You will be contacted by your coach regarding your schedule in early December. Target start date is December 5.

PAYMENT INFORMATION - UPON COMPLETION OF THIS FORM, DETACH AT DOTTED LINE AND RETAIN TOP PORTION FOR YOUR RECORDS

SENDER NOTES: _____ FEE: _____ CHECK#: _____ DATE: _____

 This portion shall be completed by Recreation Department staff for walk in registrations only.

R'CV'D BY: FEE: _____ CHECK#: _____ DATE: _____

PARTICIPANT INFORMATION - Please print clearly. Be sure to fill out all fields including shirt size & gender.

PLEASE CIRCLE THE NUMBER NEXT TO YOUR CHILD'S NAME IF HE/SHE PLAYED LAST YEAR If so, what team or coach? _____
 IF YOUR CHILD PLAYED LAST YEAR YOU MUST REGISTER BY **OCTOBER 15, 2009** TO SECURE A SPOT ON THE TEAM HE/SHE PLAYED ON LAST YEAR. All efforts will be made to accommodate friend/coach requests but they are **never** guaranteed.

| | | | | | |
|---|------------------|-------------------|-------|----------------|---------------|
| 1 | _____ | _____ | _____ | ____/____/____ | _____ |
| | CHILDS LAST NAME | CHILDS FIRST NAME | AGE | DATE OF BIRTH | CHILDS SCHOOL |
| 2 | _____ | _____ | _____ | ____/____/____ | _____ |
| | CHILDS LAST NAME | CHILDS FIRST NAME | AGE | DATE OF BIRTH | CHILDS SCHOOL |
| 3 | _____ | _____ | _____ | ____/____/____ | _____ |
| | CHILDS LAST NAME | CHILDS FIRST NAME | AGE | DATE OF BIRTH | CHILDS SCHOOL |

| | | |
|-------------------------------------|------------------------------------|--------------------------|
| _____ | _____ | _____ |
| PARENT/GUARDIAN FIRST & LAST NAME | HOUSEHOLD STREET ADDRESS | EMAIL ADDRESS |
| _____ | _____ | _____ |
| PARENT HOME PHONE NUMBER | PARENT CELL PHONE NUMBER | PARENT WORK PHONE NUMBER |
| _____ | _____ | _____ |
| EMERGENCY CONTACT FIRST & LAST NAME | STREET ADDRESS (city if necessary) | PRIMARY PHONE NUMBER |

* I would like my child to play for (coach) or with (friend): _____

| | | | | | | |
|----------------------------------|---------|--------|--------|------------------------------------|---------|---------|
| CHILD'S SHIRT SIZE (1 per child) | | | Gender | Circle M for Male and F for Female | | |
| 6-8 | 10-12 | 14-16 | | Child 1 | Child 2 | Child 3 |
| Adult S | Adult L | XL XXL | | M / F | M / F | M / F |

* All efforts will be made to honor player/coach requests however they are never guaranteed.

THIS PORTION SHOULD ONLY BE COMPLETED FOR THOSE INTERESTED IN COACHING

| | | | |
|--|--------------------|------------------------------------|---------------------------|
| _____ | _____ | _____ | _____ |
| COACHES LAST NAME | COACHES FIRST NAME | STREET ADDRESS (city if necessary) | BEST DAYTIME PHONE NUMBER |
| I would like following children on my team (request max is 2): _____ | | | |
| COACHES SHIRT SIZE (Circle one) | | | |
| Adult S | Adult L | XL | XXL |
| All league correspondence will be via email. | | | COACHES EMAIL |

PARENT AGREEMENT/ RELEASE OF LIABILITY WAIVER

Parents please read and sign the Medical Consent and Release of Liability below to complete registration. I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree to allow the individual named herein to participate in the aforementioned activity and authorize the program directors and/or coaches/instructors as agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. In addition, I understand that by signing this agreement, I hereby release and discharge The Milford Recreation Department, its agents and the City of Milford Department of Recreation and all affiliated volunteer coaches, from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures taken during program hours may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. The City of Milford - Recreation Department and/or its agents does not provide health and/or accident insurance for program participants. As the undersigned parent/guardian I understand that no confirmations will be mailed and no refunds will be given.

Print Name: _____ Sign Name: _____ Date: _____