YOUTH BASKETBALL: GRADES K-12
WWW.CHESHIREC.ORG/PARKREC

December 3 - February 25
All age groups will meet for one hour on Saturdays.
No basketball on December 24 and December 31. Additional cancellations due to inclement weather and/or school functions may be announced and are not generally made up.
Parent volunteers are needed at all levels. If you can help, please volunteer at registration.
Listed times & locations are tentative pending final enrollments.
Schedules will not be available until the end of November.

Parent volunteers are needed at all levels. If you can help, please volunteer at registration.

Grades K-2: Instructional Programs
Grades K-2 are coed, instructional programs that meet for one hour on Saturdays and do not have a weeknight practice. Keep in mind that the times listed below are tentative and may change depending on final enrollment at each grade level. This group is led by an instructor with the assistance of parent volunteer coaches. The instructor is also assisted by high school aged referees.

<table>
<thead>
<tr>
<th>Age</th>
<th>Day, Time &amp; Location</th>
<th>Dates</th>
<th>Fee</th>
<th>Code</th>
<th>No Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr. K</td>
<td>Sat 8:30a-11:30a @ Norton</td>
<td>12/3-2/25</td>
<td>$100</td>
<td>22400 A</td>
<td>12/24 &amp; 12/31</td>
</tr>
<tr>
<td>Gr. 1-2</td>
<td>Sat 11:30a-4:30p @ Norton</td>
<td>12/3-2/25</td>
<td>$100</td>
<td>22401 A</td>
<td>12/24 &amp; 12/31</td>
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</tbody>
</table>

Grades 3-8: Recreational Leagues
Grades 3-8 are recreational leagues that meet for one hour on Saturday inclusive of drills and a game as well as a 1-hour practice on a weeknight TBD once teams are formed. Grades groupings will be based on final enrollment at each level, but it is anticipated that grades 3-5 will be combined and grades 6-8 will be combined. Tentatively, grades 3-5 will play on Saturday mornings and grades 6-8 will play in the afternoons. The final schedule will be determined based on enrollments at each level. An instructor leads the drills and game each Saturdays with assistance from the parent volunteer coaches. Volunteer coaches run the weeknight practices. Games for grades 3-5 are officiated by high school aged referees and games for grades 6-8 are officiated by Board 10 officials (the same who officiate varsity games). Depending on gym availability, weeknight practices may not begin until January.

<table>
<thead>
<tr>
<th>Age</th>
<th>Day, Time &amp; Location</th>
<th>Dates</th>
<th>Fee</th>
<th>Code</th>
<th>No Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr. 3 (girls)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22403_GIRL</td>
<td>12/24 &amp; 12/31</td>
</tr>
<tr>
<td>Gr. 3 (boys)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22403_BOY</td>
<td>12/24 &amp; 12/31</td>
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<tr>
<td>Gr. 4 (girls)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22404_GIRL</td>
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<tr>
<td>Gr. 4 (boys)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22404_BOY</td>
<td>12/24 &amp; 12/31</td>
</tr>
<tr>
<td>Gr. 5 (girls)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22405_GIRL</td>
<td>12/24 &amp; 12/31</td>
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<tr>
<td>Gr. 5 (boys)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22405_BOY</td>
<td>12/24 &amp; 12/31</td>
</tr>
<tr>
<td>Gr. 6 (girls)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
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<td>Gr. 6 (boys)</td>
<td>Game Sat AM &amp; Practice Weeknight TBD</td>
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<td>$125</td>
<td>22406_BOY</td>
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</tr>
<tr>
<td>Gr. 7 (girls)</td>
<td>Game Sat PM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22407_GIRL</td>
<td>12/24 &amp; 12/31</td>
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<td>Gr. 7 (boys)</td>
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</tr>
<tr>
<td>Gr. 8 (girls)</td>
<td>Game Sat PM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22408_GIRL</td>
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</tr>
<tr>
<td>Gr. 8 (boys)</td>
<td>Game Sat PM &amp; Practice Weeknight TBD</td>
<td>12/3-2/25</td>
<td>$125</td>
<td>22408_BOY</td>
<td>12/24 &amp; 12/31</td>
</tr>
</tbody>
</table>

Grades 9-12: George Welch High School League
The George Welch High School League is a competitive program with teams coached by parents and past players. Games are officiated by Board 10 officials (the same who officiate varsity games). There are no weeknight practices.

<table>
<thead>
<tr>
<th>Age</th>
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<th>Dates</th>
<th>Fee</th>
<th>Code</th>
<th>No Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gr. 9-12</td>
<td>Game Saturday @ CHS</td>
<td>12/3-2/25</td>
<td>$135</td>
<td>22410 A</td>
<td>12/24 &amp; 12/31</td>
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</table>

Please be aware that these programs WILL NOT RUN without volunteer coaches. If you are able to volunteer, do so when enrolling your child and/or send an email to recreation@cheshirec.org.
RECREATION PROGRAM REGISTRATION FORM

Please print clearly and mail completed form to: 559 South Main Street, Cheshire, CT 06410

Participant Information

FIRST NAME: ______________________ LAST NAME: ______________________


PARTICIPANT HEALTH INFORMATION: Information is requested to help anticipate and accommodate participant’s needs during programming. Check all that apply and elaborate below. All information will be kept confidential.

☐ Allergies to food or bee stings ☐ Autism Spectrum Disorder ☐ Physical Dysfunction/Mobility Difficulty
☐ Other Allergies ☐ Behavioral Issues ☐ Intellectual Disability
☐ Asthma ☐ Concussion ☐ Learning Disability
☐ Uses Inhaler ☐ Heart Problems/Disease ☐ Receives Special Education Services
☐ Diabetes ☐ Musculoskeletal Injury ☐ Vision, Hearing or Speech Problems
☐ ADHD/ADD ☐ May need medication during program ☐ Other Health Concern(s)

If any item was checked, please elaborate: ____________________________

For us to best accommodate participant’s needs, please list any medical, physical, psychological or emotional issues not mentioned above: ____________________________

Household Information

ADULT PARTICIPANT OR PARENT/GUARDIAN I

NAME: ______________________
ADDRESS: ______________________
TOWN & ZIP: ______________________
PHONE I: ___________ TYPE: CELL / HOME / WORK
PHONE II: ___________ TYPE: CELL / HOME / WORK
PHONE III: ___________ TYPE: CELL / HOME / WORK
EMAIL: ______________________

PARENT/GUARDIAN II OR HOUSEHOLD ADULT II

NAME: ______________________
ADDRESS: ______________________
TOWN & ZIP: ______________________
PHONE I: ___________ TYPE: CELL / HOME / WORK
PHONE II: ___________ TYPE: CELL / HOME / WORK
PHONE III: ___________ TYPE: CELL / HOME / WORK
EMAIL: ______________________

Emergency Contact

NAME: ______________________ PHONE: ___________ TYPE: CELL / HOME / WORK

Answer all applicable questions.

DOG OBEDIENCE: Dog’s Name: ______________________ Age: ___________ Breed: ___________

CAMP: Besides parent/guardian listed above, who is authorized to pick-up camper?

BASKETBALL (GR. K-4 ONLY): One buddy/car pool request per player:

SPORTS: T-Shirt Size? Youth Sm Youth Med Youth Lg Adult Sm Adult Med Adult Lg Adult XL Adult 2XL

Waiver

Participant acknowledges that he/she or the parent/guardian has read and understands the information given; certifies that he/she is in good physical condition and is fit to participate in this activity; understands that aquatic/recreational activities have categories of inherent risk and that accidents can occur; and that he/she must always be alert for dangers to themselves and to other participants. Participants may be photographed or videotaped by staff for future promotional use. For camps, my child has permission to ride the bus to attend offsite trips and to be transported to an indoor location in case of inclement weather. My child may receive first aid and/or be treated by the Camp nurse or other trained staff when necessary. Participant must sign below; if participant is under 18 years of age, a parent/guardian signature is required.

Participant or Parent/Guardian Signature ______________________ Date ______________________

Payment

☐ Cash ☐ Check payable to Cheshire Parks & Recreation ☐ Credit Card Amt. Paid ___________
Card Number ______________________ Exp. Date ___________ CVV ___________ Billing Zip Code ___________

Signature for Credit Card Authorization ______________________ Date ______________________