

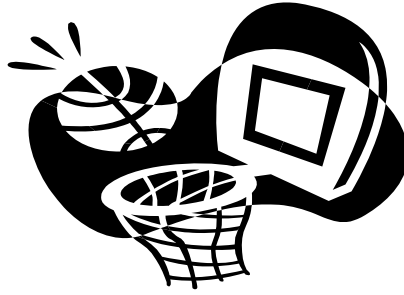
Portland Parks & Recreation

Youth

Basketball

Winter

2010



The Recreation Department is once again offering a basketball league for boys and girls in grades 3rd - 6th. This program will be strictly recreational with emphasis on skill development, teamwork, and having fun!

Location	Fee	Registration Deadline
Portland Middle School Gym	\$30	November 10, 2009

** Make checks payable to "City of Portland" **

Please return the registration form and payment to Portland City Hall - 259 Kent St.

Schedule of Events

This program will run on Saturday mornings with weekday practices to be held at Westwood and Oakwood Elementary School.

December 5, 2009:

One hour clinic held at Portland Middle School for all players. Clinic will be conducted by league coaches.

Boys: 10:00 a.m. **Girls:** 11:30 a.m.

December 12, 2009:

Practice at Portland Middle School. Times - TBA

January 2, 2010:

Practice at Portland Middle School. Times - TBA

January 9 - February 13, 2010:

Games at Portland Middle School for the final 6 weeks. Times - TBA

Winter 2009 Registration Form

3rd - 6th Grade Youth Basketball Leagues

Name: _____ Male or Female Age: _____ Grade: _____

Address: _____ City & Zip: _____

Phone: _____ Email (rec. use only) _____ Shirt Size _____

I live in the city of Portland: Yes or No If no, I live in the Township of _____

I want to coach: Yes or No If yes, Name / Phone: _____

I attend: Portland Public Schools or St. Patrick's or Other _____

Divisions (Circle One):

Division 1: 3rd & 4th Grade Girls

Division 2: 3rd & 4th Grade Boys

Division 3: 5th & 6th Grade Girls

Division 4: 5th & 6th Grade Boys

I hereby, for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages I may have against the City of Portland, their respective agents or any facility used for this recreational program, for any and all injuries which may be suffered by my dependents in connection with my participation in said program. I further represent that I carry medical-hospital insurance and I understand that the City does not

Signature of parent or legal guardian: _____

Please print your name: _____

