

Dear Basketball Player and Parent:

The Clifton Park Fall Basketball League is again scheduled for play. There are separate divisions for girls and boys in grades 4-12. Grades 2-3 boys & girls will play together. Players will be divided into four levels of play (Elementary 2-3; 4-6; Jr. High 7-8; High School 9-12). Teams will play every Saturday and Sunday from September 11th to October 10th at the **Clifton Common**. Each player receives a t-shirt. The fee is \$50.00 and you must register by September 8th to ensure a spot.

To register, fill out the attached application and mail it along with a check payable to the Town of Clifton Park, to Town of Clifton Park, Office of Parks, Recreation and Community Affairs, 1 Town Hall Plaza, Clifton Park, NY 12065. You may also register in person at Town Hall in the Office of Parks, Recreation and Community Affairs weekdays from 9 a.m. to 5 p.m. or online at: <http://www.cliftonpark.org/townhall/parks-rec/>.

In case of rain, there will be a possibility that basketball will be canceled for the safety of your child. To check for cancelation, please call 877-6258. Any cancelations will be on the answering machine at that number.

If you are interested in coaching, please indicate it on the registration form. If you have any question about the program, you can contact Frank at 877-6258 or the Office of Parks, Recreation and Community Affairs at 371-6667.

Please arrive on Saturday, September 11 at the following times:

Boys & Girls: 2-3 @ 10 am-11am (limited to 30 players)

Boys: Grades 4-6 @ 11am, 7-8 @ 12pm, and 9-12 @ 1pm

Girls: Grades 4-6 @ 4pm, 7-8 @ 3pm, and 9-12 @ 2pm

TOWN OF CLIFTON PARK 2010
FALL BASKETBALL REGISTRATION FORM

Last Name _____ First Name _____ Male/Female _____

Address _____ City _____ Zip _____

Grade _____ Date of Birth _____ E-Mail Address _____

Home # _____ Cell # _____

Dad's Work # _____ Mom's Work # _____

Parent or Guardian Name: Father _____

Mother _____

Fees: \$ 50.00

I _____ being the legal parent or guardian of _____ do hereby consent to his/her participation in the recreation program sponsored by the Town of Clifton Park. I further agree that if he/she does suffer any injury that the Town of Clifton Park, through it's employees, or agents, has my permission to sign whatever consent forms required for any necessary emergency medical treatment. I further understand that the Town of Clifton Park will first attempt to contact me at the numbers listed above to obtain my consent for any such treatment.

Any medical conditions the coaches should be aware of ?

Has your child played basketball before? _____ If so, where? _____

Are you willing to coach and/or help administer our program?

NOTE: Most programs have minimum/maximum requirements. All refund requests must be in writing and received 10 days prior to start of program. NO refunds considered after that date. There will be a \$10 non-refundable charge on all registrations.

Please check here if you would like to register online in the future.



****Parent / Legal Guardian Signature****