

Lisbon Developmental Recreation Youth Basketball

Saturday Morning Clinic

Student's Name:

Shirt Size(circle): Youth : S M L

Adult: S M L

Grade(Circle): K – 1st – 2nd

Address: _____

Phone #: _____ Email: _____

Parent/Guardian's Name: _____

Emergency Name and Phone Number: _____

Medical Concerns if applicable: _____

(All information will be kept confidential)

I, the undersigned, understand that there is an element of risk involved with children participating in the sport of basketball and that injury may occur. With this understanding I voluntarily give my permission for my child to participate in the Lisbon Recreation Saturday Basketball Program.

Parent/ Guardian Signature:

Any questions please contact Chris Fabry at 860-334-1994 or Chrisfabry@yahoo.com

Official Use: Amount _____ Cash or Check # _____

SATURDAY BASKETBALL CLINIC INFORMATION

GRADE LEVEL: KINDERGARTEN – 2ND GRADE

January 10TH – February 28TH (8 Weeks)

8AM-9AM LISBON CENTRAL SCHOOL

REGISTRATION FORMS CAN BE RETURNED TO WITH PAYMENT TO:

TOWN HALL

1 NEWENT RD

LISBON, CT 06351

RESIDENTS FEE = \$40 NON-RESIDENT FEE = \$45

Cash or check accepted with checks payable to: **Lisbon Recreation Committee**

CLINIC DESCRIPTION

The Saturday Morning Clinic is a fundamental program that is designed to teach K-2 students the essential skills of basketball. Participants are taught from 8am-9pm at the Lisbon Central School Gym. Activities and drills are planned and instructed by Chris Fabry a physical education teacher and varsity basketball coach. This does not include league play. The focus is on developing the appropriate age level skills and the enjoyment of basketball.

Insurance: The league does not provide injury insurance for participants. This is the responsibility of the participants' parents or guardian.