

LISBON WINTER BASKETBALL

OPEN TO GRADES PRE-K—6TH GRADE QUESTIONS [CONTACT:cfabes9@gmail.com](mailto:cfabes9@gmail.com)

DEADLINE: NOV. 2 \$10 LATE FEE FOR 1ST-6TH GRADE AND SUBJECT TO A WAITLIST AVAILABILITY

TEAMS WILL TRAVEL TO PLAY CANTERBURY, FRANKLIN AND PRESTON FOR GAMES.

PRACTICES WILL BE HELD DURING THE WEEK AT LISBON CENTRAL SCHOOL.

Practices start the week before Thanksgiving and all announcements made through email.

PRESCHOOL AND KINDERGARTEN CLINIC STARTS LATE JANUARY BUT WILL NOT INVOLVE TRAVEL AND GAMES IN THE CANTERBURY LEAUGE, LOOKING FOR INSTRUCTORS TO RUN CLINIC.



My child has my permission to participate in the youth basketball program sponsored by the Canterbury Athletic Association and the Lisbon Recreation Committee. He/she has recently been examined by a doctor and has been found physically fit to participate in this program. I certify that my child/children enrolled below is/are in excellent health and may participate in strenuous physical activities including basketball. I agree to hold the CAA, its' officers, servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child/children during his/her participation in the basketball program. I certify there are no limitations to my child/children participation except as stated in writing and included with this registration. In case of an emergency, or if our family physician cannot be contacted, I authorize my son/daughter to be treated by another physician if possible.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN NAME: _____ **DATE** _____

Volunteers are needed for the following positions (please circle):

Head Coach Assistant Coach League Commissioner Referee (paid)

Scorekeeper

Clinic Instructor

Board Member

