## LISBON WINTER BASKETBALL

OPEN TO GRADES PRE-K-6TH GRADE QUESTIONS CONTACT: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 RUNCLINIC.



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

PARENT/GUARD PARENT/GUARDI	IAN SIGNATURE:	possible.	pssible.  DATE	
olunteers are Head Coa		the following posoach League Commissioner	itions (please circle): Referee (paid)	
Score	keener	Clinic Instructor	Roard Member	

## LISBON BASKETBALL LEAGUE

Divisions	Grades	Fees
Senior League	Grades 5 & 6 Girls and Boys	\$75 per player \$115-Two players \$145 per family
Junior League	Grades 3 & 4 Girls and Boys	\$75 per player \$115-Two players \$145 per family
Micro League	Grades 1 & 2 Girls and Boys	\$75 per player \$115-Two players \$145 per family
Clinic (Looking for volunteers to run the clinic)	Pre-K & Kindergarten- Starts late January	\$40 per player \$65 - 2 players \$80 Family

Parents/Guardians are responsible for any damage done by their child to property or equipment involved in the Basketball Program. Anyone who goes beyond the boundaries of the designated areas at the school will lose the privilege of playing in the program. Parents/ Guardians are also responsible for the behavior of other children under their supervision at practices and games and may not leave them unattended.

Name	Date of Birth	Grade
Name	Date of Birth	Grade
Name	Date of Birth	Grade
Address	Cell N	umber
T-SHIRT SIZE:		
Email Address (Please print clearly in I	ooxes below, if not you may no	ot receive important announcements)
Make Checks out to: Lisbon REC		
Send or return forms and payment to:		
Roc Committee Att. Chris Fahry		

Please fill out the entire registration form

1 Newent Rd Lisbon Ct 06351