



**Town of Winchester  
Recreation Department  
INSTRUCTIONAL BASKETBALL  
KINDERGARTEN, 1<sup>ST</sup> AND 2<sup>ND</sup> GRADE BOYS & GIRLS**

**REGISTRATION DATES:**

**Tuesday November 15<sup>th</sup> 6:30-8:00pm**

**Thursday November 17<sup>th</sup> 6:30-8:00pm**

**Friday November 18<sup>TH</sup> 6:30-8:00pm**

**At Town Hall 2<sup>nd</sup> floor Probate Room**

**OR**

**MAIL REGISTRATION TO: WINCHESTER RECREATION  
DEPARTMENT**

**338 MAIN STREET**

**WINSTED, CT 06098**

Program is every Saturday starting January 7<sup>th</sup> Through March 25<sup>TH</sup>  
At Pearson School Gymnasium

Kindergarten 12:45-1:30

First Grade 12:45-1:30

Second Grade 12:00-12:45

Program Cost \$35 per child/ \$60 per family  
(\$75 per family with child in grades 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> or 6<sup>th</sup>)

**Any questions please contact  
Winchester Recreation Department @ 860-738-6964**

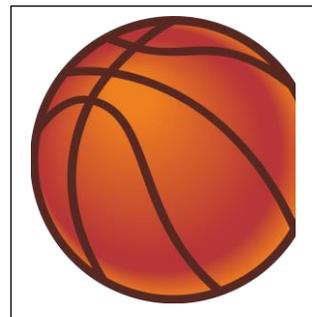
**[recreationdirector@townofwinchester.org](mailto:recreationdirector@townofwinchester.org)**

**Program Coordinator: Brandon Fields**

**[Fields.brandon1477@yahoo.com](mailto:Fields.brandon1477@yahoo.com)**

***Please see reverse side for registration form***

# Town of Winchester Recreation Department



2017 Recreation Basketball Registration  
Kindergardern, First and Second Instuctional Basketball

**Registartion Deadline: November 18<sup>th</sup>, 2016**

All Participants receive a Rec Hoop T-shirt

This form must be fill out prior to participation. Payment must be included with registration form. Make checks payable to Town of Winchester. Mail: 338 Main Street, Winsted CT 06098 or Bring to Registration Night 11/15 11/17 11/18 @ 6:30pm-8pm Town Hall 2<sup>nd</sup> floor

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Circle T-Shirt Size: Youth S M L XL Adult: S M L XL XXL

Parent/Guardian: \_\_\_\_\_

Email address: \_\_\_\_\_  
(print clearly)

Emergency Contact: (other than parent/guardian) \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Special Concerns: \_\_\_\_\_

**\*Parents will be notified of important information and cancellations by e-mail\***

I understand that injuries are a possibility. In case of emergency, if family cannot be reached, I herby authorize the attending Emergency Department Physician to treat my child. I also understand that my own medical insurance will be used in the event of an injury.

I agree to hold harmless the Town of Winchester, the Recreation Department and its officers, sponsors, agents, employees, and anyone else associated with the program, from any loss, blame, expenses, injuries, property damage and liability whatsoever which may arise from participation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**We always need volunteers!! YES, I CAN HELP!!!** \_\_\_\_\_

FEE: \$35 PER CHILD/ \$60 2 children and \$25 per child after

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_