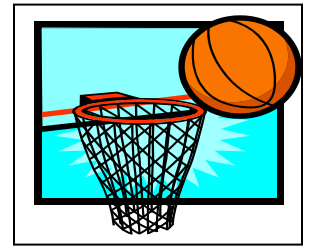


**SABATTUS REC CLUB**  
**2009-10 Travel Tournament**  
**BASKETBALL REGISTRATION FORM**  
**PO BOX 690**  
**SABATTUS ME 04280**



Welcome to the 2009-10 Travel Tournament basketball program.  
 The program runs from late-February until April.  
 This is for 3<sup>rd</sup>-8<sup>th</sup> grade Girls or Boys.

**This is a competitive team and game time must be earned.** Good sportsmanship is expected.

**FEE: - Pending making the team - TBD – (\$30-\$60) depends on number of tournaments**

**(Make checks payable to Sabattus Rec Club)**

**CONTACT INFO: Janet Baril 375-7120/577-0926 [travelball@sabattusrec.com](mailto:travelball@sabattusrec.com)**  
**Gordon Strout 375-8586/754-9266 [travelball1@sabattusrec.com](mailto:travelball1@sabattusrec.com)**

PLAYERS NAME \_\_\_\_\_  
 GRADE \_\_\_\_\_ GENDER \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_  
 MOTHERS NAME \_\_\_\_\_ CELL # \_\_\_\_\_  
 FATHERS NAME \_\_\_\_\_ CELL# \_\_\_\_\_

**EMAIL ADDRESS:**

\_\_\_\_\_

PLAYERS SHIRT SIZE: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_

I, \_\_\_\_\_, GIVE PERMISSION TO MY CHILD, \_\_\_\_\_,  
 TO PARTICIPATE IN THE SABATTUS RECREATION CLUB TRAVEL BASKETBALL PROGRAM. I  
 UNDERSTAND THE RISKS INVOLVED IN ANY SPORT AND AGREE TO ASSUME THESE RISKS. I  
 RELEASE THE SABATTUS REC CLUB, LEAGUE, ITS COACHES, ASSISTANTS, REFEREES,  
 VOLUNTEERS, AND DIRECTORS FROM ANY LIABILITY DURING ALL PRACTICES AND GAMES. **I AM  
 AWARE THAT THE SABATTUS REC CLUB REQUIRES THAT EACH CHILD HAVE MEDICAL  
 INSURANCE COVERAGE TO PARTICIPATE IN THIS PROGRAM. I UNDERSTAND A  
 PARENT/GUARDIAN OF EACH CHILD MUST BE PRESENT AT ALL TIMES DURING PRACTICES AND  
 GAMES.** SHOULD MY CHILD BE INJURED, I GIVE MY PERMISSION FOR APPROPRIATE FIRST AID  
 BE GIVEN TO MY CHILD.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_