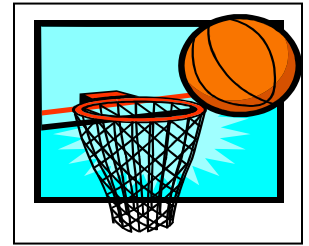


**2009 BASKETBALL REGISTRATION FORM  
SABATTUS REC CLUB  
PO BOX 690  
SABATTUS ME 04280**



I would like to welcome you all to the 2009 basketball program. This program is offered to boys and girls in pre-k through the 6<sup>th</sup> grade. The grades will be broken down into 6 different leagues:

- |  |   |
|--|---|
| Pre-k & kindergarten co-ed                     | 1 <sup>st</sup> and 2 <sup>nd</sup> grade co-ed |
| 3 <sup>rd</sup> and 4 <sup>th</sup> grade boys | 3 <sup>rd</sup> and 4 <sup>th</sup> grade girls |
| 5 <sup>th</sup> and 6 <sup>th</sup> grade boys | 5 <sup>th</sup> and 6 <sup>th</sup> grade girls |

The program takes place on Saturdays in the winter months from late-November until late-February. Games are played starting with the 1<sup>st</sup> grade teams and up. Pre-K and Kindergarten is only skills and drills. Most games will be played on the weekend, which may include traveling to other sites for games. In addition to the games, coaches will schedule practice, typically an hour to an hour and a half, each week.

Players are incorporated into each game in a fair and equitable manner. Good sportsmanship is the underlying theme as well as development of athletic and basketball skills. Request for teammates or coaches will not be accepted in order to maintain equitable teams.

**SIGN UPS: Monday, October 20, 2008 from 5:00 p.m. to 6:30 p.m. at Sabattus Central School Lobby**  
If you miss registrations, please mail to Sabattus Rec Club, P.O. Box 690, Sabattus, ME  
**Registrations will not be accepted after November 8, 2008.**

**FEE: \$30.00 (Make checks payable to Sabattus Rec Club, please memo Basketball Program)**

**CONTACT INFO:** Amy Lemieux (Director) at 577-1963 or email: [lemu1407@aol.com](mailto:lemu1407@aol.com)

----- CUT HERE AND SEND BELOW IN -----

PLAYERS NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 PHONE NUMBER \_\_\_\_\_ GRADE CURRENTLY IN \_\_\_\_\_  
 MOTHERS NAME \_\_\_\_\_ CELL # \_\_\_\_\_  
 FATHERS NAME \_\_\_\_\_ CELL# \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

DID PLAYER PARTICIPATE LAST YEAR? YES or NO \_\_\_\_\_  
 LAST YEARS TEAM/COACH \_\_\_\_\_  
 PLAYERS SHIRT SIZE: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_  
 I AM WILLING TO: COACH \_\_\_\_\_ ASSIST \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

DO YOU HAVE HEALTH INSURANCE: Please circle YES OR NO \_\_\_\_\_  
 INSURANCE CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

I, \_\_\_\_\_, GIVE PERMISSION TO MY CHILD, \_\_\_\_\_, TO PARTICIPATE IN THE SABATTUS RECREATION CLUB 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: \_\_\_\_\_