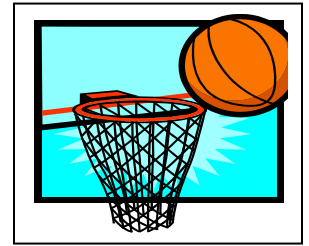


**2008 BASKETBALL REGISTRATION FORM
SABATTUS REC CLUB
PO BOX 690
SABATTUS ME 04280**



I would like to welcome you all to the 2008 basketball program. This program is offered to boys and girls in pre-k through the 6th grade. The grades will be broken down into 6 different leagues:

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

The program takes place on Saturdays in the winter months from late-November until late-February. Games are played starting with the 1st 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

----- 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: 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: _____