

Please MAIL attached Registration Form to:

Mattapoisett Recreation

P.O.Box 435

Mattapoisett, MA 02739

Basketball Evaluations

THURSDAY SEPTEMBER 23RD

7th Grade Boys 5:30-6:15pm

8th Grade Boys 6:30-7:15pm

7TH & 8TH Grade Girls 7:30-8:15pm

**ONCE TEAMS ARE MADE UP
WE CANNOT ACCEPT NEW PLAYERS
ABSOLUTELY NO EXCEPTIONS!**

We are always looking for volunteers to coach and assist – please email me if you are interested.....

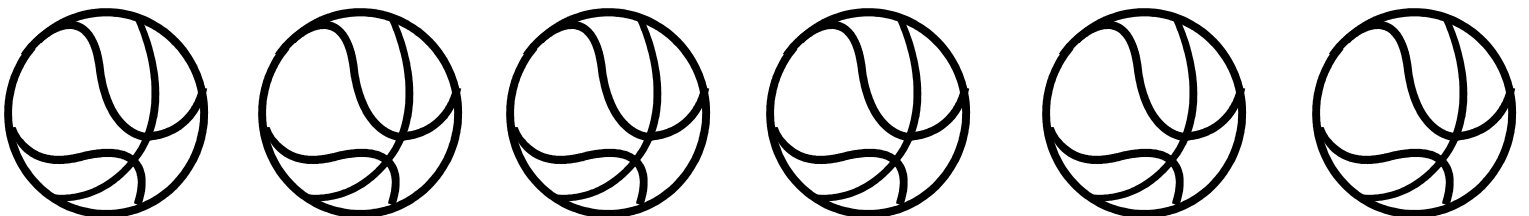
Pairing up with another parent to coach prior to picking teams will not be allowed....

Once teams are selected, you can pair up with a parent from your team.

Weekend practices are at the coach's discretion – How many games and what night(s) games will be played during the week will be determined by how many teams there are.

You will be contacted regarding start dates and specific times.

Questions? Contact Gretchen MacDonald at 508-758-4100 or email ddgmac@aol.com



Town of Mattapoisett

Recreation Department

P.O. Box 435

Mattapoisett, MA 02739

Recreation Director: Gretchen MacDonald 508-758-4100 ext 7 / email: ddgmac@aol.com

7th & 8th Grade Recreational Basketball

Name: _____ M F Grade: _____ Size: _____

Address: _____

E-mail: _____

Parent(s)/guardian(s) Name: _____

Home Phone: _____ Cell Phone: _____

Does your child have any medical condition(s) of which the coach should be aware? _____

If yes, please explain: _____

Are you interested in coaching or assisting? _____

Cost: \$80.00

PAID: Cash _____ or Check # _____

Checks made payable to: *Town of Mattapoisett*

No child will be excluded due to financial difficulty, please contact me if you need assistance

The Mattapoisett Recreation Committee approved a **ZERO TOLERANCE POLICY** to address adverse situations that may occur at any town related sporting event or activity. Our policy includes unruly and/or verbally abusive parents, spectators, coaches or players. Anyone whose action disrupts, shows poor sportsmanship or in any way adversely affects the participants or programs offered by the committee will be subject to the following: At the discretion of the Recreation Director, Committee member or Game Official, the offender(s) will be asked to leave the building or immediate playing area. Depending on the severity of the incident, further action may be required.

Read and Accepted

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

As the Parent or Guardian of _____, I consent to his/her participation in the program listed above provided by the Town of Mattapoisett Recreation Committee. As such, I agree to hold harmless the Town of Mattapoisett, the Recreation Committee, the Director, officials and coaches against any responsibility, claim, liability or any other claim of damage arising from any injury incurred during any activity connected with this program. I am aware that my personal health insurance has primary coverage for all injuries.

Parent/Guardian Signature: _____ Date: _____

*****THIS PROGRAM IS NOT AFFILIATED WITH THE JUNIOR HIGH TRAVEL TEAM*****