

Paxton Recreation Winter Youth Basketball

for boys and girls grade K – 12th

Players Name: _____ Age: _____ Grade: _____ M _____ F _____

Parent Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone:(H): _____ (C): _____

Emergency contact: _____ Phone: _____

Medical Consideration / Allergies: _____

Please Sign Up to Coach a Team		
Name	Head Coach	Assistant Coach
Phone	Email	

I agree not to hold responsible the Paxton Recreation Commission: The Town of Paxton the owner of the premises where the program is held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program and no money will be refunded. I also grant permission for the Recreation staff to seek medical care for myself or my child in the event that a family member cannot be reached. I agree that pictures taken during program hours could potentially be used for promotional purpose.

(All participants in any town recreation program must complete this waiver).

Signature: _____ Date: _____

Only request accepted will be of siblings on teams together
GRADES K – 2 SATURDAY MORNINGS BETWEEN 9:00 – 12:00 FEE \$75.00
(INCLUDES T SHIRT) SHIRT SIZE _____

\$90.00 AFTER NOVEMBER 15TH
GRADES 3 – 4 FRIDAY EVENINGS BETWEEN 6:00 – 9:00 FEE \$75.00
(INCLUDING T SHIRT) SHIRT SIZE _____
\$90.00 AFTER NOVEMBER 15TH

GRADE 4 -12 (REGIONAL LEAGUE) GAMES SATURDAYS 9:00 TO 4:00 WITH PRACTICE
DURING THE WEEK FEE \$125.00 (SIGN UP ASAP TEAMS COULD FILL UP) \$145.00 AFTER
NOVEMBER 1ST

REGIONAL LEAGUE ADDITIONAL FEE: \$30.00 REVERSIBLE MESH JERSEY (REQUIRED IF
DON'T HAVE ONE) SIZE _____

CHECKS MADE PAYABLE TO TOWN OF PAXTON
MAIL TO: PAXTON RECREATION 697 PLEASANT STREET, PAXTON, MA 01612
CONTACT: KATHY CARD AT KCARD@TOWNOFFAXTON.NET 508-363-1822