



# **Paxton and Rutland Recreation Summer Basketball Program**

## **Boys entering 6<sup>th</sup> – 9<sup>th</sup> Grade**

**Please sign up with your town Recreation Department**

**6-week program starting the week of June 19<sup>th</sup>**

**Games two nights a week**

**More information on days and times once we see how many players sign up**

**Fee \$100 per player for 6 weeks**

**Checks made payable to Town of Paxton.**

**Mail to: Paxton Recreation 697 Pleasant Street, Paxton, MA 01612**

**Online Payment to: <https://epay.cityhallsystems.com/selection> (under General Program Signup Form)**

Players Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size \_\_\_\_\_

Parent Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone:(H): \_\_\_\_\_ (C): \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Consideration / Allergies: \_\_\_\_\_

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 if 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: \_\_\_\_\_

