

PUTNAM YOUTH BASKETBALL REGISTRATION

(For Putnam Residents Only)

Available on our website @ www.putnamct.us

YOU ARE WELCOME TO

MAIL OR BRING TO:

PUTNAM RECREATION DEPT.

LOCATED ON THE SECOND FLOOR

200 SCHOOL ST.

PUTNAM, CT 06260

FINAL REGISTRATION DATE: WEDNESDAY DECEMBER 15, 2021

TIME: 6:30 PM Putnam Middle Gym

**MAY BE RETURNED TO PUTNAM AFTER SCHOOL SERVICES PROGRAM
AT PUTNAM MIDDLE SCHOOL FROM 2:00 TO 5:00 PM DAILY**

Children ages, 5-14 (No High School Students)

FIRST DAY FOR ALL DIVISIONS - SATURDAY – DECEMBER 18, 2021

AT PUTNAM MIDDLE SCHOOL GYM

TIMES TO BE ANNOUNCED DUE TO COVID PROTOCOL

***Primary Division (Ages 5-7) 8:30-9:30 (Sat. mornings only)**

Girls Junior - (Ages 8-10) /Tuesday night practices / Saturday Games

Girls WNBA Ages (11-14)/Tuesday night practices) / Saturday Games

Boys Junior (Ages 8-9) Wednesday night practices / Saturday Games

Boys Senior (Ages 10-11) Thursday night practices / Saturday Games

Boys NBA (Ages 12-14) Tuesday night practice / Saturday Games

Fee: \$20.00 for season (includes end of year tourney)

(\$40.00 family maximum)

(NO SUNDAY GAMES)

“Concussion is a brain injury caused by a blow to the head or violent shaking of the head. Headache, loss of memory, nausea, temporary loss of consciousness and vomiting are the commonly observed symptoms.

The best way to treat concussion is by resting. Rest to the body and limit on mental activities will help the brain to recover faster medication may be prescribed for symptom relief.”

**REGISTRATION FORM
PUTNAM YOUTH BASKETBALL**

NAME _____ AGE _____ GRADE _____
Last First MI

ADDRESS _____

TELEPHONE _____ DIVISION _____

Please circle size – Youth T-shirt – (S) (M) (L) (XL)

I, the undersigned, release the Town of Putnam and its employees from all damages I may have against them for all injuries suffered by the individual registered above in said Youth Basketball. I have been given information concerning concussions (above) and will monitor any occurrences. Please advise us of any medical conditions or needs: (i.e., asthma – diabetic conditions – stamina conditions)

Signature of Parent or Guardian

CHECKS PAYABLE TO: PUTNAM YOUTH BASKETBALL