

PUTNAM YOUTH BASKETBALL REGISTRATION

(For Putnam Residents Only)

Forms are available on our Website @ www.putnamct.us

You are welcome **to mail or bring them to:**

Putnam Recreation Department

Located on the 2nd Floor

200 School St.

Putnam, CT 06260

FINAL REGISTRATION DATE: MONDAY. DECEMBER 5th, 2022

Time: 4:30pm - 6:00pm, Putnam Middle School Gym

FORMS ALSO MAY BE RETURNED TO PUTNAM AFTER SCHOOL SERVICE 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 10, 2022

AT PUTNAM MIDDLE SCHOOL GYM

TIMES WILL BE ON THE PRACTICE SCHEDULE

****Note to Parents – players and coaches are only allowed in the gym for practices. You may wait in the hallway or car while your child’s practice is in session.**

***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, \$40.00 family maximum(includes end of year tourney)

(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