



Tri-Town Basketball

Join Mattapoissett & Marion Recreation for a Basketball League
open to all Tri-town 3rd-6th graders

1 practice and 1 game per week

Players have Fridays & weekends off and are able to do other sports or
Travel league basketball.

COST: \$100/participant

REGISTRATION DEADLINE: **October 18th**

Register on-line at www.mattrec.net

Marion residents sign up at marionma.gov/recreation-dept

PLACEMENT SESSIONS

3rd Grade Boys Tuesday 10/24 at 6:00pm at Center School

4th Grade Boys Tuesday 10/24 at 7:00pm at Center School

5th Grade Boys Thursday 10/26 at 6:00pm at Center School

6th Grade Boys Thursday 10/26 at 7:00pm at Center School

3rd & 4th Grade Girls Wednesday 10/25 at 6:00pm at Center School

5th & 6th Grade Girls Wednesday 10/25 at 7:00pm at Center School

SEASON SCHEDULE

Practices will start late November & games will begin in December. Playoffs will be in March.

3rd & 4th Grade Boys- Games will be on Tuesdays at Sippican School

5th & 6th Grade Boys- Games will be on Thursdays at Sippican School

3rd - 6th Grade Girls- Games will be held on Wednesdays at Center School

****All attempts will be made to adhere to days of the week listed but changes may have to be made due to gym & coach availability.**

Late registrations will only be accepted if space is available. In the event that school or after school activities are cancelled- MATTREC programs will also be cancelled.



Tri-Town Basketball Registration Form

One Registration Form per Participant

Jersey Size (circle one): Youth Size: S M LG XL

Name: _____ M/F Grade: _____ Age: _____ DOB: _____

Parent(s)/guardian(s) Name: _____ Best Contact #: _____

E-mail: _____

Emergency Contact: Name _____ Home/Work/Cell# (circle one) _____

List any medical condition(s) or allergies we should be aware of? _____

I am willing to volunteer to: Coach Assistant Coach Name: _____

Email _____ Cell # _____ *NOTE: all volunteers need to be CORI checked before program begins.

I am registering Tri-town Basketball (\$100).

Deadline is October 19th. Register on-line at www.matrect.net or make checks payable to Town of Mattapoisett and Mail to: MATTREC P.O. Box 435 Mattapoisett, MA 02739

*****MATTREC PROGRAM RELEASE*****

I agree, by signing below, that I give permission to either Center School or Old Hammondtown, to dismiss my child to the appropriate MATTREC program in which they are enrolled. I, further, authorize my child to take the school bus to Center School or Old Hammondtown as necessary so they may attend said program.

Parent/Guardian Signature: _____ Date: _____

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: _____ Parent/Guardian Signature: _____ Date: _____

RELEASE OF CLAIMS, IDEMNITY AND HOLD HARMLESS AGREEMENT

I, the undersigned _____, (insert your name or name of parent/legal guardian if minor participant) as parent/legal guardian of _____ (insert name if minor is participating in the program) do consent to _____'s (participants name) participation in voluntary athletic or recreation program(s) of the Town of Mattapoisett.

I also agree to forever release the Town of Mattapoisett, and all of its employees, officials, agents, board members, volunteers and any and all individuals and organizations assisting with the athletic or recreation activity programs (The 'Releasees') from any and all claims, rights of action, causes of action, damages, costs, compensation and attorney's fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to _____'s (name of participant) resulting from my participation in athletic or recreation activity program(s).

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal INJURIES OR DAMAGE TO ANY Town owned property resulting from participation in athletic or recreation activity programs. I also promise to fully reimburse the Town for any property loss or damage as a result of participation in such programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that participation in Town athletic or recreation activity programs is entirely voluntary and that I am free to choose not to participate in said program or have my minor participate in said program. By signing this Form, I authorize participation in athletic or recreation activity programs with full knowledge that the Releasees will not be liable for any damage or injuries resulting from my participation in this program.

_____ (Parent/Legal Guardian- please circle one)

Signature _____ Parent/Guardian Signature (if minor)

Date: _____ Please Print Name: _____ *THIS FORM MAY NOT BE ALTERED

MATTAPOISETT RECREATION POLICIES

Programs will not occur on school holidays, vacations, scheduled early release days, or holiday weekends unless otherwise stated. If ORR School District closes or has an early release due to inclement weather, than youth programs/activities will be cancelled. Photographs and/or video of program

participants may be taken by MATTREC for our marketing and social media purposes only. If you do not wish for the participant to be photographed, please note on registration form. Refunds are issued only when a program is cancelled by the Recreation Department or if the participant enrolled in the program has a medical note from a physician's office stating they are not able to participate in the program due to a medical condition. A \$25- refund processing fee will be deducted from refund. For a complete list of MATTREC Policies visit www.mattrec.net. Questions regarding this or any other MATTREC program please e-mail mattrec@mattapoisett.net or call 508-758-4548.