

PUTNAM YOUTH BASKETBALL REGISTRATION


Held at Putnam Middle School Gym, 35 Wicker St.


For Putnam Residents Only, Children Ages 5-14 (No High School Students)



Click the QR Code for Recreation website or
www.putnamct.us/departments/parks-and-recreation



 **MAIL OR BRING** your Completed Forms to:
PUTNAM RECREATION DEPT.
200 SCHOOL ST, 2nd Floor, PUTNAM, CT 06260

 **Or BRING** to P.A.S.S. (Putnam After School Services Program)
at Putnam Middle School from 2-5pm weekdays

REGISTRATION Monday DECEMBER 4, 2023

TIME: 4-6 PM Putnam Middle Gym

FIRST DAY FOR ALL DIVISIONS - SATURDAY – DECEMBER 16, 2023, TIMES TO BE ANNOUNCED

No Sunday Games

Division	Ages	Practice Time	Game Time
Primary Division	5-7	Saturday mornings only, 8:30-9:30am	X
Girls Junior	8-10	Wednesday night, 6:30-7:30pm	Saturday, times TBA
Girls WNBA	11-14	Wednesday night, 6:30-7:30pm	Saturday, times TBA
Boys Junior	8-9	Thursday night, 6-7pm	Saturday, times TBA
Boys Senior	10-11	Thursday night, 7-8pm	Saturday, times TBA
Boys NBA	12-14	Wednesday night, 6:30-7:30pm	Saturday, times TBA

Fee: \$20.00 for season (includes end of year tourney) / **\$40.00** family maximum / Checks to Putnam Youth Basketball

“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