



# 2018 Winter Basketball Program

## Town of Wappinger Recreation Department

- Date:** Tuesdays; Feb 20, 27, Mar 6, 13, 20, Apr 3, 10 (7 classes)
- Hours:** 6:00-7:30pm
- Location:** Wappingers Junior High School
- Attendees:** Town of Wappinger & Village of Wappingers Falls Residents  
Ages 7-12
- Fee:** \$35.00/Child  
\$50.00/Child (Non-Resident)
- Payment:** Cash, Personal Check – Payable to “Town of Wappinger”
- Instructor:** Cathy Wilson
- Contact:** Recreation Department 297-0720

### **Program Description:**

The adage “Practice Makes Perfect” is the heart of the Basketball Program. Whether you need to brush up on your mechanics, improve your jump shot, or simply have fun learning the game, this program is for you. There is no pressure to perform or to make a team in this program, so you can focus on something more important, improving your skills. Fun and exciting drills will be used to practice each skill taught.

### **Sports Programs Refund Policy**

**This refund policy allows for a full refund up to 14 days prior to the program start. A 50% refund would be granted up to 7 days prior to the program start. Each refund would be subject to a 5% processing fee. After that time (six days before program start), there will be NO refunds.**

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Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Last,      First      Middle

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

No. Street      Town      State      Zip code

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/ Guardian: \_\_\_\_\_ Parent/ Guardian: \_\_\_\_\_

Home #: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**In the event of an emergency and neither parent can be reached please list 2 local emergency contacts:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell# \_\_\_\_\_

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

Name of Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance and ID Number: \_\_\_\_\_

**Medical Information: Please check and list specifics.**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Disease/Defect	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Chronic Illness
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Bleeding/Clotting	<input type="checkbox"/> Drug Allergies
<input type="checkbox"/> Asthma	<input type="checkbox"/> Behavioral Problems	<input type="checkbox"/> Food Allergies	<input type="checkbox"/> Other

Specifics \_\_\_\_\_

Office Use Only

# TOWN OF WAPPINGER

## PARENT/GUARDIAN CONSENT FORM

I hereby give my permission to allow my son/daughter \_\_\_\_\_ to participate in and attend \_\_\_\_\_ sponsored by the Town of Wappinger Recreation Department.

I acknowledge the risk of illness and injury inherent in participating in any recreational activities, including, but not limited to: sports, exercise, fitness or aerobics programs, swimming and summer camp programs and related transportation activities. I hereby allow my child to participate in said program upon the express agreement and understanding that I, as parent and/or guardian of said child, hereby waive and release, for myself, and/or my heirs, executors and administrators, any claims for damages I may have against the Town of Wappinger, or the Town of Wappinger Recreation Department, its agents, employees or designees acting on behalf of the Town of Wappinger, for any and all injuries suffered by my child in the regular and ordinary course of my child's participation in such program.

I understand that the Town of Wappinger does not provide accidental medical coverage insurance and I agree to provide my own medical insurance coverage or pay for such costs in the event of injury resulting from participation in such activities.

I hereby give permission to the Town of Wappinger Recreation Department or its agents, employees, or duly designated agent(s) to administer emergency medical care to my child in my absence in the event of injury.

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

Emergency Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Check appropriate choice:

I **DO**  **DO NOT**  give my permission to allow any photographs taken of my child's participation in said program to be used in informational literature about the Town of Wappinger Recreation Department.

Parent / Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_