

# Willington Parks & Recreation Department



## **7<sup>TH</sup> AND 8<sup>TH</sup> GRADE BOYS AND GIRLS BASKETBALL CLINICS At Hall Memorial School**

### **Boys Starting Tuesday, September 7<sup>th</sup> – start of school season**

Chris Gareau and Cam Walden will be running the 7<sup>th</sup> – 8<sup>th</sup> grade boy clinics on Tuesday nights 6:00 pm – 8:00 pm.

### **Girls Starting Wednesday, September 8<sup>th</sup> – start of school season**

Greg Suchy will be running the 7<sup>th</sup> – 8<sup>th</sup> grade girl clinics on Wednesday nights from 7:00 pm – 8:30pm.

### **Program Information:**

#### **Registration**

Registration is required.

**Fees: Free**

**Clinics will include dribbling, passing and shooting drills  
along with some scrimmages**

#### **Players and Parents Commitment**

Parents please drop off and pick up your child in a timely manner. Players please come with a water bottle. Players must wear clean, dry, laced athletic sneakers.

**Questions** Please contact Teri Gareau, Willington Recreation Department  
860-487-3108 or email me at [tgareau@willingtonct.org](mailto:tgareau@willingtonct.org)

# Preseason 7<sup>th</sup> – 8<sup>th</sup> Grade Boys and Girls Basketball Clinics

WILLINGTON PARKS & RECREATION PROGRAMS

## Participant Information – Please Complete One Form for Each Player

Name: \_\_\_\_\_ Gender: M F  
(First) (Last)

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

Parent(s) Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Release, Waiver and Assumption of Liability and Consent For Medical Treatment

I, the undersigned, by registering my child in the town's Youth Basketball program understand the nature and risks associated with the participation in this activity.

I hereby grant my child permission to participate. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose a risk of personal injury. I am also aware that each participant is responsible for his or her own safety.

I hereby waive and release myself, my heirs, executors or administrators of any and all claims and damage we ever had or now have, against the Town of Willington, its successors and assigns, employees, agents and representative for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by my child, myself, family members or friends while participating in this program.

Consent for Medical Treatment of Minors, as the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

I certify that the information contained on this form is accurate and complete.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Parent/Guardian if participant is under the age of 18)

REFUND POLICY: There are no refunds except for medical reasons, upon receipt of a physicians note.

## Emergency/Medical information

In case of emergency contact: Name: \_\_\_\_\_  
(other than parent)

Home Tele: \_\_\_\_\_ Bus. Tele: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Allergies, Medical Conditions & other info: \_\_\_\_\_

Please bring the form with you to the clinic or mail it to: Parks & Recreation Department  
40 Old Farms Road  
Willington, CT 06279

Visit us on the web at: [www.Willingtonct.org](http://www.Willingtonct.org), Phone (860) 487-3108