



2011~ 2012 PeeWee Basketball Clinic

Derry Parks & Recreation Department
31 West Broadway, Derry, NH 03038
Phone: (603) 432-6136 Fax: (603) 432-6758



The PeeWee Basketball Clinic is a fun, instructional program introducing the fundamentals of the sport to four year old athletes. Participants will be split into teams and meet for 35 minutes on Saturdays. The clinic will be directed by a Department Commissioner. It is important to note that this is a skills based program, and there will be no games played.

	Derry Resident Fee	Non-resident Fee	Each Additional Family Member Fee	Notes
PeeWee Participants (4 years old)	\$40.00	\$60.00	\$15.00	Birth cert. required for all participants

Please be sure to read over all of the following information before registering your child for the program:

- Participants must be 4 years of age (as of January 1st, 2012)
- **Birth certificates are required upon registering all participants.** Registrations will be denied until proper age verification has been provided.
- Non-residents may register for this program, however all non-resident registrations will be placed in a Hold File until the last day of the registration period. At that point, non-residents will be placed on teams according to availability.
- Team Leaders are needed for PeeWee Basketball! Team Leaders are not asked to coach participants, but are needed in many situations to make phone calls, relay information, etc. Please consider volunteering as a Team Leader for your child's team. A separate Team Leader form can be obtained at the Recreation Office.
- No more than four (4) requests may be accommodated per coach if feasible. Requests will be accommodated on a first come, first served basis and will be based on the date the registration form and fee is received and processed. Although the Department does its best to accommodate, no requests are ever guaranteed.
- For cancellation information due to inclement winter weather, please check Derry CTV 17 or CTV23, the Recreation website www.derry-nh.org, or try the Recreation Office at 432-6136 for a cancellation message.

Registrations are accepted beginning Monday, October 3rd and ending Friday, November 18th. Registrations can be mailed or brought to the Recreation Office located at 31 West Broadway, Derry, NH 03038. Office hours are Monday through Friday, 8:00 a.m. – 4:30 p.m. There will be two special registration dates held for the Winter Basketball Program in addition to the normal office hours. There will be a Saturday Registration on November 5th, 2011 between the hours of 9:00 a.m. and 1:00 p.m. as well as an Evening Registration on Wednesday, November 16th between the hours of 4:30 p.m. and 8:00 p.m. Both will be held at the Recreation Office.

This is NOT a school sponsored event/program



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This is NOT a school sponsored event. Please return all registrations and registration fees to the Recreation Office at the address listed above. Please make checks payable: Derry Parks & Recreation.

Name:

Address:

Town: State: Zip Code:

Primary Phone: Alternate Phone:

Email:

Birth Date: Age: Gender:

Parent(s) Name(s):

Please check here if you would like to receive emails about upcoming Recreation events and programs

Does the participant have any special needs or limitations we should be aware of? If yes, please describe.

Please circle the t-shirt size you are requesting below:

Youth Small	Youth Medium	Youth Large	Adult Small
Adult Medium	Adult Large	Adult XL	Other: _____

WAIVER

Participation in this sport/activity may involve risk of injury. As a parent/guardian/participant I am aware of these hazards and of the ability to participate. In consideration for participation in this program, I hereby for myself, my heirs, executors, and administrators waive and release all rights and claims against the Town of Derry, Derry School District, its officers, employees, agents, volunteers, supervisors from all losses, injury damages, fees and other expenses, arising out of or in connection with participation in the activity/sport. The above named cannot be responsible for any aggravation or injury caused as result of pre-existing physical disabilities; including but not limited to allergies. The Parks & Recreation Department will be notified of any such special needs or sensitivities in writing prior to enrollment in this program. **I understand the cancellation/refund policy of the Parks & Recreation Department. The Department encourages you to carefully consider your schedule prior to registration.** No fee will be refunded after the program has begun. Credits may be applied toward future programs for use up to one year from issuance. This policy is strictly enforced thereafter.

Parent/Guardian Signature _____

Date _____