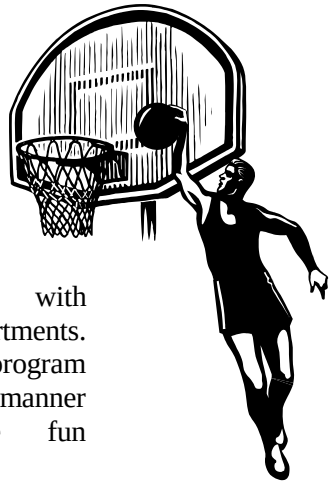
**BRUNSWICK PARKS & RECREATION DEPARTMENT** **Summer 2011**

# BOYS SUMMER BASKETBALL

**AT THE RECREATION CENTER**

***DIRECTED BY TODD HANSON,***
***BHS BOYS VARSITY BASKETBALL COACH***
**Limited to Brunswick Residents**
**Boys entering Gr. 3 to 9 in the fall of 2011**
**Mon. - Thurs., July 5* – 21**
**TIMES:**
**Gr. 5 & 6; 8:15-9:45 a.m.**
**Gr. 3 & 4; 10:00-11:00 a.m.**
**Gr. 7 & 8; 11:30 a.m.-1:00 p.m.**
**Gr. 9; 1:15-2:30 p.m.**
***FEE: $37.00***

****DUE TO THE JULY 4 HOLIDAY, THERE WILL BE NO BASKETBALL ON MONDAY, JULY 4th***



The Brunswick Parks & Recreation Department is offering a Summer Basketball program for Brunswick boys entering grades 3 to 9 in the fall of 2011. Emphasis is placed on skill development, fundamentals and games with neighboring recreation departments. (Auburn & Topsham) The program is run in a low-key, relaxed manner where participants have fun improving their game.

Directed by **Todd Hanson, BHS Boys Varsity Basketball Coach.**

All HOME games will be played during the time each age group regularly meets and AWAY games at the convenience of the host team. Extra time will be required for travel to AWAY games. Bus transportation will be provided. Participants will receive a schedule at the first session. There is a $37.00 registration fee, which includes a T-shirt.

**Visit us online at www.brunswickme.org/parkrec**.

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656

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✂**Detach & return with fee** to the Brunswick Recreation Center, 30 Federal St. by **June 30**. Office Hours Mon-Fri 8 a.m. - 4:30 p.m.✂

**BRUNSWICK PARKS & REC DEPT.** **BRUNSWICK RESIDENTS ONLY**
**BOYS SUMMER BASKETBALL 2011** **FEE: $37.00 Boys** entering Grades 3 to 9 in Fall 2011
*(Please Print)*

For Office Use
Date_____
Amt$_____
Rec.#_____
☐ Computer

NAME_____ GRADE, fall 2011_____
STREET ADDRESS_____TOWN_____
ZIP_____ TOWN OF RESIDENCE_____
SCHOOL_____ DATE OF BIRTH_____AGE_____
HOME PHONE_____WORK PHONE_____
CELL PHONE _____ PAGER _____EMAIL_____
EMERGENCY PERSON, other than parent: _____ RELATIONSHIP_____
DAY PHONE_____ CELL PHONE_____

*ALLERGIES/PHYSICAL OR EMOTIONAL LIMITATIONS_____
**WOULD YOU LIKE TO BE CONTACTED BY OUR THERAPEUTIC RECREATION COORDINATOR REGARDING THE ABOVE?* ☐YES ☐NO

Please check ☑ appropriate class: (Grade in fall 2011)

(121000-01) ☐ Grades 5 & 6: 8:15 a.m. – 9:45 a.m. Monday - Thursday
(121000-02) ☐ Grades 3 & 4: 10:00 a.m. - 11:00 a.m. Monday - Thursday
(121000-03) ☐ Grades 7 & 8: 11:30 a.m. - 1:00 p.m. Monday – Thursday
(121000-04) ☐ Grade 9: 1:15 - 2:30 p.m. Monday – Thursday

*I give permission for my, above named, son to participate in the Boys Summer Basketball Program, and also give permission for him to travel on the bus to away games.*
*Signature of Parent/Guardian*_____ *Date* _____

PARENT/GUARDIAN NAME(s) *Please Print*_____