



# **Jamestown Parks & Recreation Dept. Girls Basketball Grades 1-4 2021**

Register online [www.jamestownparksandrec.com](http://www.jamestownparksandrec.com)

The Jamestown Parks & Recreation Dept. is sponsoring a girl's basketball program for girls in grades 1-4. This six week program will be held on Saturday mornings at Two Rivers Activity Center September 11 -October 16.

**Players should wear gym shoes no outside shoes allowed in the gym** and wear comfortable clothing. Fun, sportsmanship, teamwork, and fundamentals will be stressed. T-shirts, Schedules and rosters may be picked up at Gun-n-Reel, 115 W 1, beginning September 9th. Register ONLINE [www.jamestownparksandrec.com](http://www.jamestownparksandrec.com) or Our Main office 1002 2<sup>nd</sup> Ave SE deadline is September 3rd, 2021 cost \$25.00 per person.

**No Colored Beverages allowed in the gym.**

**After the deadline, the registration fee will be \$30.00.**

**Basketball Schedule:**

First Grade: TBA

Second Grade: TBA

Third Grade: TBA

Fourth Grade: TBA

**Dates:**

Sept. 11

**Times:**

TBA

**Teams:**

TBA

**Sept. 18**

Sept. 25

**Oct. 2**

Oct. 9

**Oct. 16**

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GIRLS BASKETBALL 2021 REGISTRATION FORM:

Register ONLINE [www.jamestownparksandrec.com](http://www.jamestownparksandrec.com) or our Main office 1002 2<sup>nd</sup> Ave SE deadline is Sept. 3rd, 2021. After the deadline the registration fee will be \$30.00

**\*\*Register online [www.jamestownparksandrec.com](http://www.jamestownparksandrec.com)\*\***

Name **print:** \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Waiver of Liability: I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the Jamestown Parks and Recreation Dept. to obtain medical treatment for my child in the event the parent(s) and the emergency contact cannot be reached. I hereby release photographs taken of my child to be used in the promotion of healthy lifestyles.

\_\_\_\_\_  
Signature of Parent(s)/Guardian

**This flier is approved for distribution, but this activity is not sponsored by the JPS district.**