

**DON'T MISS**

# JR. NBA

**Boys & Girls**  
(Co-Ed teams)  
**2nd-10th  
Grades**

# Youth Basketball

**ALL GAMES  
ON SATURDAYS  
EXCEPT THE WEEK  
OF JAN. 9-12**

**NO GAMES  
SCHEDULED on  
11/26, 12/24,  
12/31**



TOWN OF WILTON  
**Recreation**  
AT GAVIN PARK

**OCT 17  
-- THROUGH --  
FEB 11**

## — EQUAL PLAYING TIME —

This league is divided into four divisions: 2nd & 3rd Grades, 4th & 5th Grades, 6th & 7th Grades, 8th-10th Grades. This is a recreational league and beginners are welcome.

— ALL COACHES UNDERGO MANDATORY BACKGROUND CHECKS —

There is one practice each week (1 hour) on the same night and time (once assigned to a coach). Assigned practice times run between 5:00-8:30 pm. Assigned game times run between 8:00 am - 3:00 pm. There will be one game on Saturdays (1 hour). WE CANNOT ACCOMMODATE SPECIAL REQUESTS FOR COACHES, FRIENDS PLAYING TOGETHER, OR PRACTICE TIMES. Please make sure you can commit to the program which includes coming to practice and games. Once teams are formed, a player's withdrawal affects the team greatly. Players must attend a minimum 7 practices and 6 games to participate in the tournament.

### RESIDENT REGISTRATION BEGINS AUGUST 1

After assessments, the coach of the team will call you to let you know your practice night and time (game/practice times are not determined until October 10). Practice begins the week of October 17. Games begin November **5** **Tournament Make Up Day 2/18/17**

### FEE

Wilton Resident \$125 • Non-Resident in SSCS District \$165 • All others \$175

**NOTE: NON-RESIDENT REGISTRATION BEGINS AUG. 29**

### REFUND POLICY

If program cancellation is made prior to program registration end date, there is a \$10 cancellation fee. If program cancellation is made after registration closes, no refund will be given.

### ALL GAMES @ GAVIN PARK

### REGISTRATION DEADLINE SEPT. 30

Registration Fee Includes  
NBA Jersey W/ Shorts



## PLACEMENT DATES

### 2ND-3RD GRADES

Oct 6 5:30-6:30 pm A-L

Oct 6 6:30-7:30 pm M-Z

### 4TH-5TH GRADES

Oct 5 5:30-6:30 pm A-L

Oct 5 6:30-7:30 pm M-Z

### 6TH-7TH GRADES

Oct 4 5:30-6:30 pm A-L

Oct 4 6:30-7:30 pm M-Z

### 8TH-10TH GRADES

Oct 3 5:30-6:30 pm A-L

Oct 3 6:30-7:30 pm M-Z

Placement dates assist coaches in viewing players' skills and assist us with trying to keep teams as equal as possible.

MAXIMUM NUMBER OF  
PARTICIPANTS: 300

ONLINE REGISTRATION AVAILABLE [www.townofwilton.com](http://www.townofwilton.com)

INFO: 518.584.9455

FOR COACHES: All Jr. NBA coaches who have a child or children in the program and complete the season will receive a \$100 refund at the end of the season.

# jr. nba

**FREE**

## BASKETBALL CLINICS



PRE-REGISTRATION  
REQUIRED BY 10/12

Must be registered for the Jr. NBA program

COACHES CLINIC- Saturday, Oct. 15 10 am - 12 pm  
Available for Jr. NBA coaches

Division I- Grades 2-3- Tuesday, Oct. 11 6 - 7:15 pm

Division II- Grades 4-5 - Wednesday, Oct. 12 6 - 7:30 pm

Division III- Grades 6-7 - Thursday, Oct. 13,

Division IV- Grades 8 - 10 - Saturday, Oct. 15 12:30 - 2 pm

---

Presented by Coach Quattrocchij

SUNY Adirondack Director of Athletics. Previously served as the Athletic Director of Skimore College and served 20 years as the Thoroughbred men's coach. He is a member of the Capital District Basketball Hall of Fame.



**PROGRAM REGISTRATION FORM**

YES my information has changed. Please circle changes.

Program Name:	School District:	Wilton Resident? YES ___ NO ___
Participant Name:		Gender: Female <input type="radio"/> Male <input type="radio"/>
Address:		ADULT (18+) YES ___ NO ___
City: ZIP:		Child's DOB: _____
Current School/District:		Current Grade: _____
Home Phone:	Cell Phone:	Emergency Phone:
Special medical conditions (allergies, medication, handicaps/special needs or disabilities, etc.) If "yes, please list:		
Email address:		
(PRINT) Name of parent/guardian:		

**PARENTS/GUARDIANS OF CHILDREN UNDER 11 YEARS OF AGE**

Children under 11 years of age cannot be left unattended in any area of Gavin Park. Parents/guardians must be present (stay) with their child/ren, including programs run by Town of Wilton Recreation staff.  
I have read the above and agree to its terms. Parent/Legal Guardian Initials:

**AUTHORIZATION FOR MEDICAL TREATMENT OF MINORS**

Under the law, parental permission must be granted for provision of emergency medical, dental, and hospital services. In such cases, this form acts as a legal document giving permission for an authorized Town of Wilton representative to authorize treatment in your absence. However, a child may be treated without parental consent when a physician determines the child needs immediate medical care and that any attempt to obtain parental consent would result in a delay which would increase the risk to the child's health or life.  
I authorize minor medical treatment, such as ice packs, band-aids, etc. Parent/Legal Guardian Initials:

**RULES AND REFUND POLICY ACKNOWLEDGEMENT**

By signing this, you acknowledge that all information supplied is truthful and current. Misuse of equipment and facility will not be tolerated. Parents will be held accountable for any damage done by their child/ren or themselves. No disorderly conduct will be tolerated. This includes, but is not limited to, swearing, physical contact, verbal abuse, and the use of weapons. Respect will be shown to staff and others at all times. Disciplinary procedures include verbal and written warnings, suspension and/or expulsion. Each situation will be dealt with on an individual basis. All participants are expected to know and follow ALL the rules and regulations. Using good judgment and common sense will help insure a continuous, equitable, and enjoyable program. I hereby release and absolve the Town of Wilton, the Town of Wilton Recreation Commission, and any of its employees and volunteers of any liability in the event of an accident, injury, or any emergency occurring while participating in any Town of Wilton Recreation Commission sponsored programs and any areas that may be encompassed thereof. All Head Coaches undergo background checks.

**REFUND POLICY:** If program cancellation is made prior to program registration end date, there is a \$10.00 cancellation fee. If program cancellation is made after registration closes, no refund will be given.

Signature for authorization for a minor (parent/legal guardian) or for adult programming \_\_\_\_\_ Date \_\_\_\_\_

**PHOTOS**

Photographs taken at park-run programs will be used for Gavin Park brochures, program flyers, Gavin Park Facebook account, Town website, and newspaper and magazine advertisements.

**HOLD HARMLESS WAIVER**

Applicant hereby releases and discharges the Town of Wilton, (hereafter known as the Town of Wilton), 10 Lewis Drive, Saratoga Springs, New York, from any and all claims, causes of action, or liability for any injuries applicant may suffer resulting from applicant's participation in the Town of Wilton's activities or the use of the Town of Wilton's facilities, whether or not the same arises out of, or results from, any act, omission, or conduct of any of the Town of Wilton's Parties.

Section I. Assumption of Risk, Release, and Waiver of Liability; Indemnity concluded:

APPLICANT ACKNOWLEDGES THAT HE/SHE HAS CAREFULLY READ THIS AGREEMENT AND IS AWARE THAT IT CONTAINS A WAIVER AND RELEASE OF LIABILITY AND THE APPLICANT IS GIVING UP SUBSTANTIAL RIGHTS. APPLICANT IS SIGNING THIS AGREEMENT OF HIS/HER OWN FREE WILL AND INTENDS FOR HIS/HER SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of authorization for a minor (parent/legal guardian) or for adult participant \_\_\_\_\_ Date \_\_\_\_\_

