



*Jamestown Parks & Recreation Dept.  
Girls Basketball Grades 1-4  
2019*

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 21<sup>st</sup> -October 26<sup>th</sup>.

**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 19<sup>th</sup>.

Return the registration form, along with the **\$20.00** to the Jamestown Parks & Recreation office, at 1002 2<sup>nd</sup> Ave SE, or mail to P.O. Box 2014. Registration deadline is September 13<sup>th</sup>, 2019

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

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

**Basketball Schedule:**

First Grade: TBA  
Third Grade: TBA

Second Grade: TBA  
Fourth Grade: TBA

**Dates:**

September 21

**Times:** \_\_\_\_\_

TBA

**Teams:**

TBA

**September 28**

October 5

**October 12**

October 19

**October 26**

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GIRLS BASKETBALL 2019 REGISTRATION FORM:

Return the registration form and the \$20.00 fee to the Jamestown Parks & Recreation office, 1002 2<sup>nd</sup> Ave SE, or mail to Box 2014. **Registration deadline is Sept. 13<sup>th</sup>, 2019. After the deadline the registration fee will be \$30.00 and if mailed must be post marked by the due date or will be sent back.**

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

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

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

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.**