

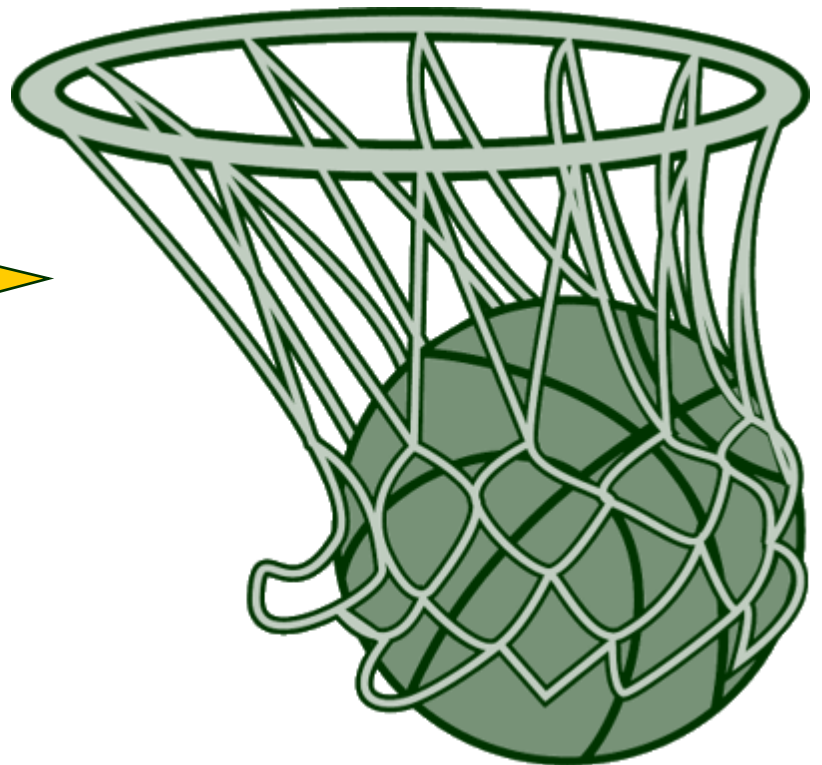
Enfield Recreation Department

**REC.** Boys & Girls, 3rd - 6th grade

# BASKETBALL

**2022-2023**

*"Fostering Positive Youth Development One Athlete At A Time"*



**Registration Begins:  
Friday, October 7th, 8:30 AM.**

***Register early, spaces are limited!***

*Registration will be accepted until October 28th or when divisions are full.*

Enfield Recreation Department - 124 North Maple Street - Enfield, CT 06082  
Phone: 860.253.6420 Website: [www.enfield-ct.gov/recreation](http://www.enfield-ct.gov/recreation)

# Enfield Recreation Department Youth Basketball Registration Form

Player's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Feet/ \_\_\_\_\_ Inches

Are you playing on any other basketball teams? \_\_\_\_\_ Number of years playing organized basketball: \_\_\_\_\_

SHIRT SIZE: *Youth Small Youth Medium Youth Large Youth XL*

*Adult Small Adult Medium Adult Large Adult XL Adult XXL*

*Please circle size. Note: shirts will shrink after washing and should be worn tucked in.*

Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_ Best Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ (FOR COMMUNICATION ABOUT THE PROGRAM)

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

Does your child have any medical conditions, allergies, special needs or behavioral concerns that our staff should know about to help ensure your child has a safe and positive experience? \_\_\_Yes \_\_\_No

If yes, please explain in detail: \_\_\_\_\_

## PRACTICE INFORMATION Grades 3 - 6

Teams will have one individual practice and one shared practice each week. **Shared practices will be held on Fridays.**

Practice time is limited and we do our best to avoid conflicts. However, we cannot guarantee your practice time or what team your child is placed on.

List any conflicts, days & times, your child **CANNOT** practice:

\_\_\_\_\_

\_\_\_\_\_

**See page 4 for complete program policies.**

## VOLUNTEER INFORMATION

**YES! I am interested in volunteering:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Head Coach \_\_\_\_\_ Assistant Coach/Co-Coach

\_\_\_\_\_ Practice Sub

*Those interested in coaching must complete the coaching application and return it by Friday, October 28th at 4 PM.*

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Department of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

**Photo Release:** The Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Recreation use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

**Behavior Expectations:** I understand that I and/or my child must be able to abide by all rules and policies set forth by the said program and failure to do so may result in dismissal from the program.

I have read this document and understand and agree to its terms and conditions.

\_\_\_\_\_  
PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# Enfield Youth Basketball Information

## Grades 3 - 6

Please see page 4 for additional program information.

### Program Details...

The goal of the program is to develop fundamental skills of the game, foster positive youth development, teach sportsmanship and promote physical fitness.

**PRACTICES** are held Monday - Friday, between 5:00 PM - 8:00 PM. All teams will have one 75 minute individual practice and one 60 minute shared practice each week (holiday, school event and weather dependent). Shared practices will be held on Fridays. **Coaches will contact players before November 21st. Practices will begin the week of December 12th.**

**GAMES** are held on Saturdays for grades 3 - 6. Games begin January 7th and are scheduled for 8 weeks. The last week of games is Saturday, February 25th.

**GAME SHIRTS** - All participants will receive a team shirt, which is required to be worn at games.

**FEE** - \$105.00 per player, Enfield residents only.

### DIVISIONS BY GRADE

<b>Boys Grade 3 &amp; 4</b>	<b>Limit 80 players</b>
<b>Boys Grade 5 &amp; 6</b>	<b>Limit 60 players</b>
<b>Girls Grade 3 &amp; 4</b>	<b>Limit 40 players</b>
<b>*Girls Grade 5 &amp; 6</b>	<b>Limit 40 players</b>

\*Over the last several seasons we have been unable to attract enough interest to offer a girls 5/6 grade division. If we do not get the required minimum number to run a league (32 players) at the deadline, the division will be cancelled for the season.



### We Need Coaches & Volunteers!

Without volunteer coaches our program wouldn't happen. WE NEED YOU! If you are interested in being a Head Coach or Assistant Coach, fill out the coaches application included in this packet and return it to the Recreation Department no later than **October 28, 2022**. All coaches must be picked before the draft date. It is **mandatory** that all coaches attend the coaches meeting and the draft. The coaches meeting will provide coaches with all the information they need to know about the program and what happens at the draft. See the coaches application and program details for complete information as to the time commitment required to coach.

For more information on coaching, contact the Recreation Office at 860.253.6420 or email [Recreationsupervisor@enfield.org](mailto:Recreationsupervisor@enfield.org).

**Please note that this program is not possible without volunteer coaches.**

**We need 1 coach for every 10 players who register.  
To ensure playing time for all players, we will not put more than 10 players on a team.**

## Program Policies

- **All participants must be registered by the deadline. Please note that spaces are limited and may fill to capacity before the deadline. We highly suggest that you register early to avoid being placed on a waitlist.**
- We will make every effort to ensure the success of each division in the league. A minimum of 32 participants in a division is required to run that division. If a division does not get the minimum required 32 participants by the deadline, it will be cancelled.
- Participants must register for and play in the division that corresponds with the grade they are currently in. Players are not allowed to play up or down a division based on ability, age or height. Player must be currently enrolled in that grade to participate.
- Participants may select one and only one night they cannot practice (M-TH). We will make every effort to avoid that night when you are placed on a team. If this night changes, you must alert the office before **October 31, 2022 at 4 PM**.
- Players selected off the wait list will not have the opportunity to select one night they cannot practice. Players will be assigned to teams as they have availability.
- Team placement is final following the team selection. We do not honor requests for teammates, coaches, practice times, or facilities.
- Siblings in the same division will be placed together unless otherwise requested.
- This program is for ENFIELD YOUTH ONLY. Proof of residency is required at time of registration.
- The Rec. Basketball program cannot run without volunteer coaches. We need one head coach for every ten players who register for the program. Divisions which do not have enough coaches by the draft date will result in some players being drafted to teams without a coach. Families with players on these teams will be contacted to help with practices. We will not know how many coaches we need until registration closes.
- Due to limited facility space, practices cancelled due to weather or school events will not be made up.



## REC. BASKETBALL REGISTRATION INFORMATION

Enfield Recreation accepts program registration several different ways. Regardless of how you register, please note the following...

- **Registration will begin on Friday, October 7, 2022 at 8:30 AM**
- **Spaces are limited in each division. Once the maximum registration number in each division is met, interested parties will be placed on a waitlist. We will only enroll from the waitlist if someone withdraws from the program. Additional spaces will not be added.**
- **The registration deadline is Friday, October 28, 2022 at 4:00 PM and is subject to availability in each division.**
- **All registrations must be received by the deadline. Those received after the deadline will be put on a waiting list.**

**Instructions for Online Registration:** Log onto the Town's website at [www.enfield-ct.gov/recreation](http://www.enfield-ct.gov/recreation) and click on the "Register Now" button. Online registration is on a first come, first serve basis and accepts Visa, Mastercard and Discover Card. Visit the website anytime to create an online account. Please print a receipt when registering online. No further notification will be sent.

**NOTE: YOU MUST HAVE A MYREC USER ACCOUNT TO REGISTER ONLINE.**

**Instructions for Mail-In Registration:** Complete registration form. Include a check or money order payable to "**Enfield Recreation Department**". Mail-in registrations received without payment will be returned. Include an email address for a paperless confirmation or self-addressed stamped envelope so we may confirm your registration by mail. If you have not received your confirmation, do not delay, please contact the Recreation Department. Include a photocopy of proof of residency. Acceptable forms of ID are: valid driver's license, tax bill, utility bill, renter's/homeowner's agreement. **NOTE:** A check is not considered proof of residency. Mail the registration form, check or money order, self-addressed stamped envelope and proof of residency to the Enfield Recreation Department (the mailing address is on the cover of this brochure). **The Recreation Department is not responsible for lost or untimely mail delivery.**

**Instructions for Walk-In Registration:** The Recreation Department will accept walk-in registrations Monday through Friday, 8:00 AM - 4:00 PM. Cash or check only.

**Proof of residency and complete payment are required at the time of registration. The parent or legal guardian must register their child. We will not accept notes allowing friends, grandparents, etc. to register a child. Registration will not be accepted before the initial registration date and phone registrations will not be accepted. Checks are made payable to "Enfield Recreation Department". A parent's or legal guardian's signature is required for all youth programs.**

**ENFIELD YOUTH BASKETBALL - COACHING APPLICATION (Grade 3 - 6)  
COACHES INFORMATION**

NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_  
          No. Street City/Town State/Zip Code

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

POSITION APPLYING FOR (check all that apply):    \_\_\_ Head Coach    \_\_\_ Assistant Coach/Co-Coach

FULL NAME OF CHILD I WISH TO COACH	GENDER	GRADE
1. _____		
2. _____		

**PRACTICES** are held Monday - Friday, between 5:00 PM - 8:00 PM for grades 3 - 6. All teams will have one 75 minute individual practice and one 60 minute shared practice each week. Shared practices will be held on Fridays for grades 3 - 6. Note: Shared practice times may vary.

**Please note any days you are not available to coach. Practices will be assigned by the Department prior to the draft.**

\_\_\_\_\_

\_\_\_\_\_

**COACHING ELIGIBILITY: To be considered for a volunteer coaching position, interested parties must:**

- Complete the Coaches Application and return it to the Recreation Office before 4:00 PM on **October 28, 2022**.
- Pass a National Criminal Background Check.
- Attend the mandatory coaches meeting on Wednesday, November 9th
- Attend division draft to assist in team selection. Drafts will be held on November 14th and 15th.
- Be available for your team's practices and games.

**COACHING HISTORY**

COACHING CERTIFICATION:   YES   NO                                   CPR/FIRST AID: YES   NO    EXP. DATE: \_\_\_\_\_

OTHER CERTIFICATIONS: \_\_\_\_\_

COACHING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

COACHING PHILOSOPHY: \_\_\_\_\_

\_\_\_\_\_

PLAYING EXPERIENCE: \_\_\_\_\_

\_\_\_\_\_

LIST 2 PERSONAL REFERENCES AND PHONE NUMBERS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE NOTE THAT SUBMITTING AN APPLICATION DOES NOT GUARANTEE A POSITION AS A COACH.  
THE RECREATION DEPARTMENT WILL CONTACT SELECTED COACHES PRIOR TO THE COACHES MEETING & DRAFT.**

**COACHING APPLICATION - PAGE TWO**

For the following question, exclude any convictions or arrests which have been erased from your record pursuant to Connecticut General Statutes §§46b-146, 54-76o or 54-142a. Erased records include the following: (a) a finding of delinquency or that a child was a member of a family with service needs; (b) a sentence as a youthful offender; (c) a criminal charge that was dismissed or "nolled"; (d) a criminal charge for which the person was found not guilty; and (e) a conviction for which the person received an absolute pardon. For erased convictions or arrests you are considered to have been arrested and may swear so under oath.

Have you ever been convicted of a law violation other than a minor traffic offense:    Yes                  No

If yes, please explain: \_\_\_\_\_

For purposes of this application, reckless driving, evading responsibility, engaging in pursuit, driving while impaired and driving while intoxicated are **not** considered minor traffic offenses.

Have you ever been fired or asked to resign from a job?    Yes                  No

If yes, please explain: \_\_\_\_\_

Are you a United States citizen or are you authorized to work in the United States?    Yes                  No

**CERTIFICATION AND RELEASE**

I certify that there are no misrepresentations, omissions or falsifications in the foregoing statements and answers. I further certify that the responses given are true, complete and accurate to the best of my knowledge and are made in good faith. I understand that any misrepresentation, omission or falsification may be grounds for rejection of my application or, in the event that I am hired, immediate discharge.

I authorize the Town of Enfield to contact all of the educational institutions, employers, personal references listed in this application and others the Town may deem necessary to contact to obtain information related to my application for employment. I authorize all such contacts noted above to provide information to the Town of Enfield and I hereby release the Town of Enfield and all such persons and/or entities supplying such information from any and all liability and/or damages arising out of the release or use of such information.

I understand that upon an offer of employment, I may be requested to successfully pass a physical examination. I hereby agree to take a drug screening test, consisting of blood and/or urinalysis test(s) to detect the presence of illegal drugs and/or alcohol, (including but not limited to, barbiturates, heroin, cocaine, marijuana) and that any positive test(s) will be confirmed by two (2) alternative methods. I authorize the laboratory conducting such test(s) to release the results of such test(s) to the Town of Enfield and I understand that I may request a copy of such results. I understand that the results of such test(s), if positive, may result in my disqualification from employment with the Town of Enfield. I release the Town of Enfield, employees of the Town of Enfield, elected or appointed officials of the Town of Enfield and I release the laboratory conducting such test(s), its employees and representatives from any and all liability arising from or out of the administration of such test(s).

APPLICANT'S NAME: \_\_\_\_\_ SS#\*\* \_\_\_\_\_  
FIRST MIDDLE LAST XXX-XX-XXXX

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THE TOWN OF ENFIELD IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER-M/F**

**\*\* Mandatory to run the required background check.**

**FOR INTERNAL USE ONLY**