



# PORT CHESTER RECREATION

&



**US SPORTS**<sup>TM</sup>  
*institute*



**2023**  
**BASKETBALL**  
**PROGRAM**

Practice Skills, Game Play



**JANUARY 10 - MARCH 16**  
**JFK SCHOOL GYM**



**GIRLS - TUESDAYS 6 -8 P.M.**  
**BOYS - THURSDAYS 6-8 P.M.**

*GRADES 5th - 7th*

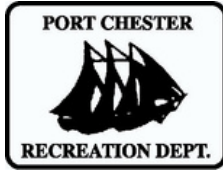


*Registration Deadline - January 3rd*



# 5TH - 7TH BASKETBALL REGISTRATION

Please Make Checks Payable and Mail To:  
**PORT CHESTER RECREATION DEPT.**  
222 Grace Church Street, Port Chester, NY 10573



BASEKETBALL FEE:

\$100

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

GENDER \_\_\_\_\_ M \_\_\_\_\_ F

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_

GRADE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_

EMERG CONTACT \_\_\_\_\_

EMERG # \_\_\_\_\_

SPECIAL CONCERNS  
\_\_\_\_\_  
\_\_\_\_\_

I AGREE THAT I HOLD THE VILLAGE OF PORT CHESTER RECREATION DEPARTMENT, THE VILLAGE OF PORT CHESTER, THE PORT CHESTER SCHOOL DISTRICT AND EACH OF ITS OFFICERS, MEMBERS, EMPLOYEES AND AGENTS BLAMELESS FOR INJURY SUSTAINED BY MY CHILD, HOWEVER CAUSED, IN THE COURSE OF THE RECREATIONAL ACTIVITY ORGANIZED BY THE PORT CHESTER RECREATION DEPARTMENT, AND I AGREE THAT NEITHER I NOR ANYONE ON MY BEHALF OR MY CHILD'S BEHALF SHALL PROSECUTE ANY CLAIM OR COURSE OF ACTION AGAINST THE VILLAGE OF PORT CHESTER, THE RECREATION DEPARTMENT OR ANY OF ITS OFFICERS, MEMBERS, EMPLOYEES OR AGENTS BECAUSE OF ANY SUCH INJURY, HOWEVER CAUSED. I UNDERSTAND THAT THE VILLAGE OF PORT CHESTER DOES NOT CARRY ACCIDENT INSURANCE. I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PORT CHESTER RECREATION DEPARTMENT PROGRAM. I HAVE INFORMED THE PORT CHESTER RECREATION DEPARTMENT OF ANY PHYSICAL RESTRICTIONS OR LIMITATIONS WHICH MY CHILD MAY HAVE. IN THE EVENT OF ACCIDENT OR ILLNESS, I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE MEDICAL TREATMENT. PHOTO PERMISSION - PARTICIPANTS PERMIT THE TAKING OF PHOTOGRAPHS OF THEMSELVES AND THEIR CHILDREN DURING RECREATIONAL ACTIVITIES FOR PUBLICATION AND USE BY THE RECREATION DEPARTMENT FOR PROMOTIONAL PURPOSES UNLESS OTHERWISE STATED.

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Visit [www.portchesterny.gov](http://www.portchesterny.gov) for more  
information, follow us on Instagram  
@pcrec10573. If you have  
any questions, call (914) 939-2354

