



West Linn Parks & Recreation presents

## Recreation Basketball 6<sup>th</sup> - 8<sup>th</sup> Grade

All interested players in 6<sup>th</sup> – 8<sup>th</sup> grades who live in the West Linn/Wilsonville School District boundary are welcome to participate. *There are no "bench warmers" in this program, as every player plays at least half of every game.* This recreational basketball program is design to provide fun in a positive sports environment for players and to provide the basic skills needed to play basketball.

This program is designed for player development and enjoyment.

**\*\*Players on select teams will not be allowed on recreation teams\*\***

The Recreation Basketball season is January – March

- Ideally divisions of play will be 6<sup>th</sup> Boys, 6<sup>th</sup> Girls, 7<sup>th</sup> Boys, 7<sup>th</sup> Girls, 8<sup>th</sup> Boys and 8<sup>th</sup> Girls but actual divisions will be determined based on registrant numbers in each grade/gender. There will be no co-ed teams.
- Some practice midweek with games on Saturdays and possibly mid-week
- All practices and games will be located in schools, located in the West Linn area.

*Registration Fee: \$90 and includes uniform to keep*

*Registration Deadline is Friday, December 14*

***This program is dependent on volunteer coaches!***

***Basketball coaching experience is desirable, but not necessary. The only requirement is knowledge of basketball, a good attitude and the will to coach.***

***Background checks performed on all coaches.***

If interested in coaching or for further information contact

West Linn Parks & Recreation at 503-557-4700



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to go to WL Parks &  
Recreation FB page



# "Recreation Basketball 6<sup>th</sup> – 8<sup>th</sup> Grade"

## REGISTRATION FORM

CITY OF WEST LINN  
PARKS & RECREATION DEPARTMENT

PARTICIPANT NAME \_\_\_\_\_ M/F \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

T-SHIRT SIZE (Adult Sizes)    Small    Medium    Large    X Large    XX Large

Recreation Scholarship Fund: YES, I would like to contribute \_\_\$1.00\_\_ \$2.00\_\_ \$5.00, or (other)\$\_\_\_\_\_ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.

I would be interested in volunteering in these areas:

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Make \$90 check payable to: City of West Linn

Mail to or drop off:    Recreation Program  
                                  West Linn City Hall  
                                  22500 Salamo Road, No. 1100  
                                  West Linn, Oregon 97068  
                                  Telephone: 557-4700

A stamped self-addressed envelope must be enclosed if you require a return receipt, otherwise your cancelled check is your receipt.

### REFUND POLICY:

Full refunds are given only when a class is cancelled by Parks & Recreation. Participants canceling must pay a \$10.00 service charge. No refund after program has started.

### WAIVER

In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me/my dependant arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I/my dependant has the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my/my dependant's behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

\_\_\_\_\_\* I have read the above waiver and understand the contents\*\*  
(Initial)

\_\_\_\_\_  
Parent/Guardian Signature