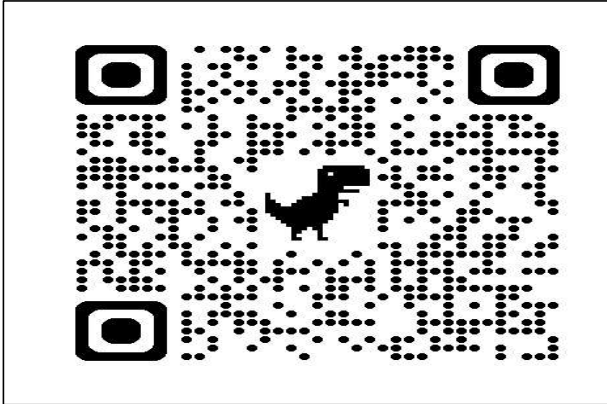


2024-25  
Vassalboro Rec Youth Basketball Information  
GIRLS AND BOY'S



(online registration link)



Who: Children who are in \*Pre-K through 6th grade.

What & Where: Pre-K/K, grades 1/2 are co-ed and will have an in-house developmental program, grades 3/4, & 5/6 practice in Vassalboro and play games against other Dirigo League teams in the area. \*(Pre-K must be 4 years old by 10/15/24)

When: Sign-ups are open from now through November 22nd. Practices start mid-November and games start Saturday, November 30. Both are to be determined based on gym availability. PLEASE get your registration in on time!!

How: Fill out the registration form on the back of this flier and drop it off with payment during normal business hours at the Vassalboro Town office or Vassalboro Public Library or register online.

**COACHES and OFFICIALS ARE NEEDED!** Registration fee waived for one child of the head coach! For more information, please contact the Vassalboro Rec Youth Basketball Commissioner, Kevin Phanor, at [kevin.phanor@gmail.com](mailto:kevin.phanor@gmail.com)

Vassalboro Rec Youth Basketball Registration Form  
CONFIDENTIAL

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade (for teams): Pre-K/K   1/2   3/4   5/6   GENDER: F M  
Shirt Size: Youth   XS   S   M   L   XL   Adult   S   M   L   XL

Parent/Guardian: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Alternate Emergency Contact (Other than Parent/Guardian)

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

Is there any information we need to know about your child to assist him/her to be successful playing basketball?

Is your child on any medication? Yes No If YES please list:

Does your child have any allergies? Yes NO If YES please list:

Would you like to help coach? Yes No Head Coach -or- Assistant?

Would you like to be a SPONSOR? Yes No

Days you would prefer to avoid for practices (no guarantees): M W Th F

**ASSUMPTION OF RISKS:** In consideration of the Vassalboro Recreation Department I am permitting my child or ward to participate in its Rec Youth Basketball Program. I hereby agree on behalf of my child that he or she will assume the risk of injury from participating, I hereby waive and release all rights and claims of any nature that I may have against the Vassalboro Rec Youth Basketball League, the Town of Vassalboro, and volunteer coaches. If my child gets injured, I will bear the expense of medical care through my insurance company or on my own.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Fee: \$35 1st Player; \$25 2nd; 3<sup>rd</sup> child \$15.00

Make Checks Payable to: **TOWN OF VASSALBORO**

\*We want every child to be able to participate. If you need financial assistance, contact the Vassalboro Community Program Director at [khatch@vassalboro.net](mailto:khatch@vassalboro.net).