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www.danversrec.com
 Sign up early and save!

DANVERS RECREATION

BOYS HOT SHOTS BASKETBALL

Directed by John Walsh, DHS Varsity Basketball Coach

Registrations are always accepted at the Danvers Recreation Office in Town Hall 1 Sylvan St. and by mail. **Please register before November 19th.**

No registrations will be taken at the gyms!

Hot Shots Boys Basketball for Grades 3, 4 and 5:

This is an instructional/recreational basketball program. **Clinics and Games** will be held on Saturday mornings. **Practices** will be announced by the coach and will take place on Monday, Tuesday, or Thursday evenings at Smith School beginning in January.

Program runs through **March 10, 2012.**

Program Begins:

Saturday, December 3, 2011

**Temporary Times in the Vye Gym for December on Saturdays:
 Grade 3=10-11am, Grade 4=11am-Noon, Grade 5=Noon-1, Grades 6-8=1-2pm**

Times on Saturdays beginning on January 7th Grades 3-5: 11:00AM-12:30PM

Location on Saturdays after January 7th: D.H.S. Field House and Vye Gym

Cost: \$79 on or before Nov. 19th, \$89 after Nov. 20th.

HOT SHOTS PLUS Basketball for Middle School Boys (Grades 6, 7 and 8):

This is a basketball program designed for middle school boys interested in learning a little more about the game, and more interested in just playing basketball! Approximately 30 minutes of instruction followed by league games. Program runs through **March 10th, 2012.**

Program begins:

Saturday, December 3, 2011.

Time:

12:45PM- 2PM

Location:

D.H.S. Field House

Cost:

\$69 on or before Nov. 19th, \$79 after Nov. 20th.

For cancellations throughout the season please check www.danversrec.com.

Danvers Recreation Boys Hot Shots Basketball 2011 - 2012

(PLEASE PRINT CLEARLY)

Name: _____ **Grade:** _____

Address: _____ **Phone:** _____

Email Address: _____

Emergency contact name and phone number: _____

____ Yes, I am interested in assisting as a coach. Name _____

I hold harmless the Town of Danvers, its employees, volunteers, or its agents from any and all injuries that might be sustained by the participant during the program. In the event of injury, I grant permission to provide/acquire medical care or assistance. In addition, I give permission for any photographs taken of my child to be used for publicity purposes.

Signature of parent/guardian: _____ **Date:** _____

TOTAL PAYMENT _____ **CHECK#** _____ **MC/VISA** _____ **Exp.** _____