

80001 FALL YOUTH CO-ED BASKETBALL LEAGUE

This league provides 7th and 8th graders with a four practice and eight game schedule, allowing the players time to practice and develop their skills. Recreational play is emphasized with minimal structure from the volunteer coaches and standings will not be kept. New teams will be chosen for the winter season, so fall teams will not stay together and play in the winter league. Practice begins approximately the first week of November.

LOCATION: Summit Hill School District Gyms
GRADES/DAYS: 7th & 8th
GAME/TIMES: Varies with start time between 6:00 and 8:45 p.m.
SESSIONS: 12



DUE TO THE AMOUNT OF PARTICIPANTS IN OUR LEAGUES, THE PARK DISTRICT CANNOT ACCEPT REQUESTS FOR PARTICULAR TEAMS OR COACHES.

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FRANKFORT SQUARE PARK DISTRICT BASKETBALL LEAGUE REGISTRATION FORM
****NOTE - NO REFUNDS CAN BE GIVEN FOR THIS PROGRAM ONCE TEAMS ARE SET UP.****

NAME: LAST _____ FIRST _____ M OR F
PARENT'S NAME - FIRST AND LAST
 (MOM) _____ (DAD) _____
ADDRESS: _____ **CITY** _____ **ZIP** _____
HOME PHONE: _____
MOM'S BUSINESS PHONE _____ **DAD'S BUSINESS PHONE** _____

IMPORTANT!! FILL OUT THE EXPERIENCE PORTION OF THE APPROPRIATE SECTION COMPLETELY!!

SHIRT SIZE (SHIRTS RUN SMALL) 10/12 14/16 AS AM AL AXL AXXL
 PLEASE FILL IN SHIRT NUMBER IF YOU ALREADY HAVE A SHIRT. SHIRT # _____ RECEIVED _____

BASKETBALL LEAGUE: PLEASE FILL OUT APPROPRIATE INFORMATION
BIRTHDATE ____/____/____ **GRADE** _____ (AS OF CURRENT SCHOOL YEAR)

HOW MANY YEARS BASKETBALL EXPERIENCE DO YOU HAVE? _____ **DID YOU PLAY IN THE PARK DISTRICT BASKETBALL LEAGUE LAST YEAR?** _____ **DID/DO YOU PLAY ON THE SCHOOL'S BASKETBALL TEAM?** _____

IS THERE ANY PHYSICAL PROBLEM THAT THE PLAYER'S COACH SHOULD BE AWARE OF? Y OR N IF SO, PLEASE EXPLAIN _____

VOLUNTEERS: This program is only possible through support of volunteers. If you are interested, please check the appropriate area. Checking a specific area, does not guarantee a coaching or assistant coaching position. If the park district is unable to secure coaches, we reserve the right to limit registration.

COACH _____ **ASSISTANT COACH** _____

LIABILITY WAIVER: Participants in Frankfort Square Park District activities are not covered by medical or accident insurance. Each participant must furnish his/her own personal coverage. Many sports activities and programs have inherent elements of danger. Participant or parent permission is needed to call an ambulance in an emergency. As a participant (or as a parent of a participant under 18 years of age), I hereby agree to save harmless and indemnify the Frankfort Square Park District, its trustees and employees from any responsibility for any accident, injury or damage that may occur as a result of the participant's acts or omissions. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel.

SIGNATURE OF PARENT OR GUARDIAN _____

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