

80003 GIRLS BASKETBALL LEAGUE

This league for **GIRLS ONLY** emphasizes recreational play, with minimal structure from the volunteer coaches. We will use the first half of the season to set a foundation in a practice/scrimmage setting and play games during the second half of the season. This is a recreational league where standings are not kept, but scoreboards will be used during games. Players will be divided into age groups determined by registrations. **PARK DISTRICT REVERSIBLE SHIRTS ARE REQUIRED FOR THIS PROGRAM.**

LOCATION: Summit Hill School District Gyms
GRADES: 3rd - 8th grades
DATES: Begins approximately the month of February
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.

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

GIRLS BASKETBALL

PLEASE PRINT CLEARLY

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 _____