

# Youth Basketball League

The Orange Park and Recreation Department is offering a Youth Basketball League for boys (ages 7-15) and girls ages (7-13) on a first come, first served basis.



## REGISTRATION

Starts Monday, August 29th - Orange Residents  
Starts Tuesday, September 6th - Non-Residents

## FEE

Residents: \$115.00 per child  
Non-Residents: Add \$10

**LATE FEE: Any registrations after 10/14, add \$10**

Check (Treasurer Town of Orange),  
Exact Cash, Visa or MC

## GAMES AND PRACTICES

All games will be played on Saturdays starting December 3rd. (Games at High Plains begin Dec. 10th.)  
Practices will begin the week of November 7th and will be held on weekday evenings. (**The 13-15 boys Placement Clinic will be December 10th.** Practices will begin after that draft is completed.)

**NO participants will be added to any team after their league draft has occurred or the maximum number of players has been reached.**

## PLACEMENT CLINIC

All participants are required to attend the placement clinic at Mary L. Tracy School.

### BOYS-OCTOBER 22, 2016

Ages	Time
7	8:30am - 9:15am
8	9:30am - 10:15am
9 & 10	10:30am - 11:15am
11 & 12	11:30am - 12:15pm

### GIRLS-OCTOBER 29, 2016

Ages	Time
7 & 8	9:30am - 10:15am
9 & 10	10:30am - 11:15am
11-13	11:30am - 12:15pm

**The 13-15 boys Placement Clinic will be December 10th,** at Amity Middle School, time TBA. All participants are required to attend the placement clinic. Games begin in January.

## VOLUNTEER PARENT COACHES

Parent coaches are needed for each age division. If you are interested in coaching, please call Scott Bendell at the Park and Rec. Dept. (203) 891-4790, or sign-up on the registration form, by September 30th. (November 1st for the 13-15 Boys division)

**All coaches must sign and adhere to the coaches rules and code of ethics.**

# Youth Basketball League Registration Form

\* Leagues are determined by age as of December 31<sup>st</sup>, 2016

**\* No player or team request permitted.**

\* Changes will not be made after the teams are confirmed.

## LEAGUE CHOICES

Please check the appropriate line

ACTIVITY # - 310200

7 - 8 Boys Sec. A _____	7 - 8 Girls Sec. E _____
9 - 10 Boys Sec. B _____	9 - 10 Girls Sec. F _____
11 - 12 Boys Sec. C _____	11 - 13 Girls Sec. G _____
13 - 15 Boys Sec. D _____	

**NO PARTICIPANTS WILL BE ADDED TO ANY TEAM AFTER THEIR LEAGUE DRAFT HAS OCCURRED.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Players Height \_\_\_\_\_ Players Weight \_\_\_\_\_ Players Age (as of 12/31/16) \_\_\_\_\_

Shirt Size: Please Circle (Youth) Small Medium Large (Adult) Small Medium Large X-Large XX-Large

Please list any weekday evening (after 5:00) your child is UNAVAILABLE for practice \_\_\_\_\_

School Name: \_\_\_\_\_ Extra curricular activities that may conflict \_\_\_\_\_

Address \_\_\_\_\_ Town/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Emergency Contact / Relationship \_\_\_\_\_ / \_\_\_\_\_ Phone Number \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

If the participant requires any special assistance or has any physical, sensorial or developmental limitations, allergies, medications or other information, list or contact the Park and Recreation office.

### Emergency Medical / Surgical Treatment Permission Form

In the event of an emergency, accident or other mishap, I authorize that my child, \_\_\_\_\_, be taken to \_\_\_\_\_ for emergency medical and / or surgical treatment which a physician or dentist may determine necessary for my child's health and well being. I do hereby authorize the Orange Park and Recreation Staff to provide for such medical care and treatment including, but not limited to, surgical and possible life saving measures as may be necessary according to the attending physician. I hold harmless the Town of Orange, its officials, employees or agents from all liability, which may arise from the aforementioned action. I understand that every attempt will be made to contact me before such a decision is made. Please Sign \_\_\_\_\_

\*\*\*\*\*REMEMBER, VOLUNTEER PARENT COACHES ARE NEEDED!!

\_\_\_\_\_ Yes, I would like to be a head coach. \_\_\_\_\_ Yes, I would like to be an assistant coach.

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_