

Youth Basketball League

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



REGISTRATION

Starts Monday, October 17th - Orange Residents

Starts Monday, October 24th - Non-Residents

FEE

Residents: \$130.00 per child

Non-Residents: Add \$10

**DEADLINE TO REGISTER IS MONDAY,
NOVEMBER 21, 2022.**



GAMES AND PRACTICES

All games will be played on Saturdays starting December 3rd, 2022.

Practices will be held a half - hour before each game time on Saturdays. The Girls and Boys 7-8 year old leagues will play at the High Plains Community Center, the Girls and Boys 9-10 year old leagues will play at Mary L. Tracy School and the Girls and Boys 11-13 year old leagues will play at Amity Middle School (Orange).

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

There are no exceptions to the registration deadline or age brackets.

VOLUNTEER PARENT COACHES ARE NEEDED!

Parent coaches are needed for each age division. If you are interested in coaching, please call or email Dan Lynch at the Park and Recreation Department at (203) 891-4764 or dlynch@orange-ct.gov or sign-up on the registration form.

This is a recreation league. Good behavior and sportsmanship is required by all parents and players at all times.

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 31st, 2022**

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

*** Changes will not be made after the teams are drafted.**

LEAGUE CHOICES

Please check the appropriate line
ACTIVITY # - 310200

7 - 8 Boys Sec. A _____

9 - 10 Boys Sec. B _____

11 - 13 Boys Sec. C _____

7 - 8 Girls Sec. E _____

9 - 10 Girls Sec. F _____

11 - 13 Girls Sec. G _____

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 12/31/22) _____

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

School Name: _____

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 Here** _____

*******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 _____

