



# Youth 5v5 Basketball

## CHILDREN GRADES 2<sup>nd</sup>-6<sup>th</sup>

League is divided into 2nd/3rd grades and 4th/5th/6th grades. Boys and girls play in separate divisions. This recreational league works on teaching the fundamentals of basketball and stressing the importance of good sportsmanship and having fun while playing the game. One hour practices held once or twice a week, beginning in mid-November, Monday-Friday. VOLUNTEER COACHES NEEDED!

**Fee:** \$39 per child, includes team shirt

**Days/Dates:** Saturday games from 12/7-1/18 (2020), Practices begin the week of 11/11

**Location:** Linn Mar School Gyms

**Time(s):** Games on Saturday mornings, Practices weeknights

**Notes:** Practice times vary times/days during the week. Game times vary on Saturday mornings.

### REGISTRATION DEADLINE: October 18, 2019

Sign up early, we can't guarantee there will be openings after the deadline.

A LATE FEE OF \$10.00 WILL BE ADDED FOR EACH REGISTRATION AFTER THE DEADLINE.

**TEAM ASSIGNMENT POLICY:** Children will be placed on teams in a random manner with the exception of children living in the same household. Children in the same household will be placed on the same team, providing the children are in the same age/division. **NO SPECIAL TEAM REQUESTS!**

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Participant's Name: \_\_\_\_\_ Gender (Circle One): Boy or Girl

D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (2019-20) \_\_\_\_\_

Circle Shirt Size: YXS (2-4) YSM (6-8) YMD (10-12) YLG (14-16) AD SM AD MD AD LG AD XL AD XXL

Circle Division: 2<sup>nd</sup>/3<sup>rd</sup> BOYS 2<sup>nd</sup>/3<sup>rd</sup> GIRLS 4<sup>th</sup>-6<sup>th</sup> BOYS 4<sup>th</sup>-6<sup>th</sup> GIRLS

Parent's Name(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: I hereby authorize my child to register to participate in any of the stated programs above sponsored by the City of Marion Parks and Recreation Department. I understand that these programs, like most programs similar in nature, have some degree of inherent risk involved. Furthermore, my child is in good physical condition appropriate to participation in the above activities and I understand that the participants must assume full responsibility for bodily injury incurred while participating in the activities. No accident insurance is provided through the City of Marion. I grant the Marion Parks and Recreation Department permission to use photos and/or videos taken of my child during participation in these programs. I waive my right to inspection or compensation.

### VOLUNTEER COACHING: Please complete the following information if you are interested and able to help coach your child's team.

Coach's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Shirt size: \_\_\_\_\_

E-mail: \_\_\_\_\_ D.O.B. (For Background Check): \_\_\_\_\_

Driver's License Number (For Background Check): \_\_\_\_\_

### RETURN FORM & PAYMENT TO:

Marion Parks and Recreation, 4500 Tenth Street, Marion, IA 52302

For questions or more information please contact Marion Parks & Recreation at 319-447-3590