

ST. ROSE YOUTH BASKETBALL

The Saturday Morning program begins November 11, 2017.

LOWER - 8:00 A.M.

UPPER - 9:15 A.M.

Times alternate weekly. Schedules with times will be provided for future sessions

PLEASE NOTE TIME CHANGES – SESSIONS ONLY 1 HOUR 15 MINUTES

When filling out the registration form on the reverse side, please designate which level you wish your child to play in. We recommend the following for each level:

LOWER – 2nd & 3rd graders – 4th graders who are just beginning the game or are small in size

UPPER – 4th, 5th & 6th graders.

We are trying to maximize the use of the facility by breaking the children into smaller groups based on their basketball skills and knowledge. Please remember this will always be an instructional and recreational program. There is no competition or scores kept and all levels of ability are encouraged to participate. We may move your child to a different level than you have designated for the benefit of the program and your child. This will only be done prior to consulting with the parent.

The **18 Week Program** consists of 6 weeks of skill building and development of the fundamentals of basketball and 12 weeks of games. The program is open to all St. Rose of Lima Students and Parishioners in the 2nd through 6th grades. Non-parishioners will only be accepted if there is room available (in previous years there has always been room).

Each participant will receive a T-shirt and an award at the year-end banquet. Each player receives free admission to the banquet with their registration fee and is required to be accompanied to the banquet by an adult.

Please Note: This is NOT the St. Rose School Team.

Registration will be held in the cafeteria for ALL participants :

WEDNESDAY, NOVEMBER 1st from 6:30 – 7:30 P.M.

WEDNESDAY, NOVEMBER 8th from 6:30 – 7:30 P.M.

COST: \$70 PER PLAYER FOR ST. ROSE STUDENTS AND PARISHONERS
\$130 MAXIMUM FOR ST. ROSE FAMILY

\$85 PER NON-PARISHIONER PLAYER
\$160 MAXIMUM FOR NON-PARISHIONER FAMILY

Please see our website for more information: www.strosebasketball.com

ST. ROSE YOUTH BASKETBALL REGISTRATION FORM

Participant Name _____
 Address _____
 Home Phone _____
 Email address _____

Age _____ Grade _____ Sex: M F
(2nd to 6th Grade Only)

Level of Play: Lower Upper

(Required – See reverse side for details)

T-shirt Size: Youth: 10-12 14-16

(Required, Please) Adult: S M L XL

School _____
 St. Rose Parish Yes No If no, please list parish _____

Parent (Legal Guardian) _____ Work Phone: _____
 Emergency Contact (Other than parent): _____
 _____ Phone: _____

MEDICAL INFORMATION:
 Doctor _____ Phone _____
 List any medical problems: _____

 Allergies / Medications _____
 Other Concerns _____

Your child is enrolled in a leisure offering by the St. Rose of Lima Athletic Department. The chance of personal injury does exist in any activity. Thus, St. Rose wants you to be aware that our Athletic Department does not carry medical insurance on participants in any programs.

My child has permission to participate in the St. Rose of Lima Youth Basketball Program and I am fully aware that St. Rose of Lima does not carry medical insurance on participants. I accept and acknowledge this condition. I also certify that my child is playing at his/her own risk, thus releasing St. Rose of Lima for any injury that may occur. I also certify that our personal insurance covers the medical costs that may occur as a result of this type of activity.

Parent Signature _____ Date _____

OFFICE USE ONLY:
 FEE PAID \$ _____ CASH/CK # _____ DATE _____