Sequim Youth Basketball 2009

The Sequim Youth Basketball Program is gearing up for its sixth year of operation. The program is open to boys and girls in the 1st through 6th grades. Players will receive a team shirt, weekly practice sessions (depending on gym availability) and 6-7games. Again this year we will do our evaluations and establish team rosters following Thanksgiving and play our games following the Christmas holiday break to provide a more even flow to the season. To register please complete the attached form and bring it to one of the two Saturday registration/evaluation sessions listed below. If you can not attend the Nov. 28th session and would like to register prior to the Dec. 5th session, please mail your form and fee by Dec. 1st.

All players should plan to attend one of the registration/evaluation sessions indicated below. At this time we will register and conduct a brief evaluation of each player to determine skill levels in an effort to divide teams as evenly as possible. These sessions should not take longer than 20-30 minutes and players may come at any time during the sessions. Often we can evaluate players while parents are completing the registration process.

Registration Fees
3rd through 6th graders $40
1st and 2nd graders $30
Maximum of $100 per family
(If you have or know of a family in need of financial assistance, please contact Larry Hill)

Registration/Evaluation Session Dates

Sat. Nov. 28th (Middle School Gym)	Sat. Dec. 5th **(Middle School Gym)**
8:30 pm – 11 am	**1 pm – 3 pm**

We hope to have team rosters established and coaches assigned by December 12th. We will provide the coaches with equipment, practice and game schedules as soon as possible. **Games** will be on **Saturdays** starting at 9 am and continuing throughout the day beginning Jan. 10th . We plan to play 6-7 games and wrap up the season by the end of February.

If you are interested in sponsoring a team, coaching, officiating, or volunteering in some other capacity please indicate your area of interest on the registration form.

Coaches and assistant coaches this year will be required under state law to attend a video training on management of concussions. During the session we will also address program philosophy and try to establish practice times/days.

Larry Hill
Sequim Youth Basketball Director

Sequim Youth Basketball Association

2009-10 Registration

Mail to:	Fees:	Make checks payable to:
Sequim Youth Basketball	$40 3rd-6th grade	**Sequim Youth Basketball**
P.O. Box 3395	$30 1st-2nd grade	
Sequim,WA 98382	Maximum $100 per family	

Please complete a form for each child and bring to one of the two Saturday evaluation/registration sessions. If you can not attend the Nov. 28th session and would like to pre-register prior to the Dec.5th session, please mail your forms/fee by Dec. 1st.

Player Information

Last Name _____ First Name _____

Address _____ Grade in School ____ Male Female

City/State/Zip _____ School Attended _____

Parent Information

Parent/Guardian Name(s): _____

Home Phone _____ Work Phone _____

Other Phone _____

Email Address _____

Circlea shirt size.

Youth	Adult
NA	Small
Med.	Med.
Large	Large
X-Lg.	X-Lg.

Medical Information

Physician or Clinic: _____ Phone: _____

Medical Plan Name: _____ Plan ID #: _____

Emergency Contact: _____ Phone: _____

Does your child have any current conditions that limit his/her ability to run, throw, catch a ball, participate, or understand the rules of basketball? Yes ____ No _____

If yes please explain

_____

Sequim Youth Basketball desires to provide a positive experience for kids. Please let us know if you could help. Circle as many as apply.

Coach /Asst. Coach (pre-season training and background checks will be required)

Referee **Organization/Help** **Sponsor a Team** **Equipment Donation**

Assurances: I/We, parent or guardian of the above named player, hereby give approval for him/her to participate in any and all Sequim Youth Basketball activities including transportation. I/We know that participation in basketball may result in serious injuries to players. I/We do hereby waive, release organizers, sponsors, supervisors, participants, on persons transporting my/our child whether the result of negligence or any cause. In the event I cannot be reached for an emergency, I hereby give permission to Sequim Youth Basketball to hospitalize or secure treatment as needed for my child.

Parent/Guardian Signature: _____Date: _____