

# 2011/12 ART SADTLER BASKETBALL LEAGUE

## 6<sup>th</sup> Grade Player Registration Form

(Cost is \$75 – make checks payable to Art Sadtler Basketball or as directed by your school)

PLEASE CLEARLY PRINT ALL INFORMATION

Name of Player \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Parent/Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Email Address: \_\_\_\_\_

### Uniform:

T-Shirt Size (please circle): Yth Med Yth Lrg Adult Sm Adult Med Adult Lrg Adult XL

Any Allergies or Existing Medical Conditions?  Yes  No

If Yes, Please Explain \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_

### \*\*\* Fill-out if interested in coaching \*\*\*

#### Mandatory Coach's Meeting – See [www.Artsadtler.com](http://www.Artsadtler.com)

Please strongly consider helping because without a coach there is no team. Each year schools in our league are forced to cancel teams because no one volunteered to coach. Ultimately this leaves many children without an opportunity to play school basketball. Perhaps you know of a relative who may be willing to coach.  - Assistant Coach  - Head coach

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### AGREEMENT:

- 1) I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize members of Art Sadtler Basketball Program to obtain medical treatment for my child in the event that the parent(s) and the emergency contact cannot be reached.
- 2) I support Art Sadtler's Youth Sports Philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play and family involvement.
- 3) I will follow all rules and regulations of school and league play and will abide by the coach's choices and decisions.
- 4) Since the Art Sadtler Youth Basketball League is dependent upon volunteers for its success, I will be available for a minimum of 2-3 hours of volunteer service.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date