

4th - 8th Grade Basketball Leagues



2019 ~ 2020



The Salina Parks & Recreation Department is offering Youth Basketball Leagues for students in 4th through 8th grades. Previous leagues have been separated with a 4th-5th grade league & a 6th-8th grade league (predominately participated by boys, but girls are encouraged to participate as well). All participants must attend one of three skill assessments held at the **Salina Fieldhouse on: October 19, 20, 21 from 6:30pm—8:00pm. Participants in grades 4th—8th, deadline is Oct. 21.**

Teams will practice once or twice/week from early November - late January (3 months of practice total). Night(s) of practice determined by the coach and/or facility availability. Teams will play two league games every Saturday: December 7, 14, 21, January 5, 12, and 19 with a post-season tournament Jan. 26 & 27 (14-16 games total). The majority of the games will be held at the Salina Fieldhouse with others played at USD 305 facilities. The Salina Parks & Recreation Department will provide all equipment (including shirts). All participants who would like to play Youth Basketball should fill out the form below, enclose the \$75.00 participation fee and return it to the Salina Fieldhouse front desk.

**7th & 8th graders not making their respective middle school team may still sign up.
Deadline for 7th & 8th graders: Friday, November 15th, 5pm**

Return To: Salina Fieldhouse
140 N 5th St
Salina, KS 67401

Deadline: Wednesday, October 21, 2019
785-833-2260
www.parks.salina.gov

Participant's Name: _____ Address: _____

City, State, Zip: _____ Birth Date: ____ / ____ / ____ Ht: ' ____ "

Phone: (cell) _____ (home/work) _____ Grade (2017-18): ____ Male / Female (circle one)

T-Shirt Size (Adult Sizes): YM YL AS AM A L AXL AXXL School: _____

Parent/Participants E-mail Address: _____

Name(s) of Parent/Guardian/Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Special Instructions (medical problems or needs that should be brought to coaches' attention, etc.): _____

CIRCLE ONE

A) Please rank your child on his or her athletic/basketball ability. **(1) being the highest**

1	2	3	4	5
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B) # of years played organized basketball?

1	2	3	4 or more
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Would you or someone you know be a good coach? If you're good with kids, and have a clean background, that is all it takes.

(COACHING RESOURCES AND CLINICS PROVIDED) Night(s) of practice determined by coach's availability.

Name, address, phone number, & email of person that would be interested in coaching:

ANNUAL PARTICIPANT CONSENT FORM & MEDICAL TREATMENT AUTHORIZATION FORM MUST BE SIGNED BY A PARENT/GUARDIAN AT THE TIME OF REGISTRATION. IF MAILED IN, A FORM WILL BE SENT TO YOU TO SIGN AND RETURN.

Scholarship forms are available at the Salina Fieldhouse, 140 N. 5th Street and must be approved PRIOR to the registration deadline. "These materials are neither sponsored nor endorsed by the Board of Education of U.S.D. 305, the superintendent or this school."

OFFICE USE ONLY!! AMT PAID: \$ _____ DATE PAID: ____ / ____ /19 INITIALS: _____