



2016
4th-8th Grade
3 on 3 Basketball League

The Salina Parks & Recreation Department is offering a basketball program for boys and girls currently attending the 4th—8th grades. 4th/5th grade and 6th-8th grade leagues will be formed if numbers allow. Games will be played at Lakewood Middle School Gym. Depending on facility availability, most league games are tentatively scheduled for Tuesday evenings: March *3, 8, 22, 29 and April 5 with a tournament tentatively scheduled for April 12.

All 4th through 8th grade students who are interested in playing must fill out the form below, and return it to the Parks & Recreation office no later than **Wednesday, February 10**, along with the **\$15.00/player fee**. It is mandatory that every team have a coach (adult person over age 21) at every practice and every game.

If you are already on a team with other players, please indicate coaches name!!

Return to: Salina Parks & Recreation 300 W. Ash, Rm. #100 Salina, KS 67401 (785) 309-5765	<u>Youth 3 on 3 Basketball Deadline:</u> Wednesday, February 10, 2016 Fee: \$15.00 /player
Name: _____ E-mail: _____	
Address: _____ City: _____ State: _____ Zip: _____	
School: _____ Grade: _____ Boy: _____ Girl: _____ Height: _____	
Phone:(Cell) _____ (Home) _____ (Work) _____	
Shirt Size: Youth Medium ___ Youth Large ___ Adult Small ___ Adult Medium ___ Adult Large ___ Adult X-Large ___	
Please circle the participants' basketball/athletic ability (1 being the best, 3 average, 5 below average) 1 2 3 4 5	
Are you planning to be on a team with certain players? Yes / No	
If so, what is the coach's name and/or other players planning on being on the team? _____	
Name of someone interested in coaching: _____ Phone:(cell) _____	
Address: _____ Shirt Size: _____ E-mail: _____	
College Team Name & Color (1st Choice): _____ College Team Name & Color (2nd Choice): _____	
Scholarship forms are available at the Parks & Recreation Office, 300 W. Ash 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: ___ / ___ /16 INITIALS: _____
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