

BETHEL PARK RECREATION YOUTH BASKETBALL 2019

DIVISIONS*

Boys grades 3 & 4
Girls grades 3 & 4
Boys grades 5 & 6
Girls grades 5 & 6
Boys grades 7 & 8
Girls grades 7 - 10
Boys grades 9 -12

PRACTICE

Weeknights
Weeknights
Weeknights
Weeknights
Weeknights
Weeknights
Weeknights



GAMES START

Sat. - December 7
Sun. - December 8
Sat. - December 7
Sun. - December 8
Sat. - December 7
Sun. - December 8
Sat. - December 7

*Grade in September 2019

Teams will play a 9 game schedule until mid-February 2020.

COACHES WILL NOTIFY PARENTS FOR INDIVIDUAL TEAM PRACTICES.

EARLY BIRD FEE: \$60-Registration MUST be in Rec. office **Sept. 19**

After Sept. 19 FEE: \$80 Non-resident add \$5 to Fee

Fee covers practice, instruction, games, and T-shirt.

**NO REGISTRATION ACCEPTED AFTER OCT 17
or before if teams are filled!**

**Special requests for specific teams or coaches are not accepted.
REGISTER NOW! DIVISIONS CLOSE WHEN TEAMS ARE FILLED!**

SKILLS AND DRILLS – an evaluation session that all registered participants in grades 3 - 6 should attend.

SATURDAY, OCT. 19 at the COMMUNITY CENTER.

	Players	Coaches meeting / draft
Boys grades 3 & 4	9:30 AM	11:00 AM
Girls grades 3 & 4	11:00 AM	1:00 PM
Boys grades 5 & 6	1:30 PM	3:00 PM
Girls grades 5 & 6	3:30 PM	5:00 PM

OPEN GYM AT IMS – evaluation for GRADES 7-12

Player must be registered to attend. NO registration taken at Open Gym.

Attend both sessions!

3115.306 Boys grades 7 & 8 MON. 6:00 PM Oct. 14, Oct. 21

3115.303 Girls grades 7-10 TUES. 6:00 PM Oct. 15, Oct 22

3115.307 Boys grades 9-12 WED. 6:00 PM Oct. 16, Oct. 23

Teams in these divisions will be put together on Oct. 21, 22, 23

VOLUNTEER COACHES NEEDED FOR ALL DIVISIONS!

Call the RECREATION OFFICE for information 412-831-1328.

Clearances are required.

Bethel Park Recreation and Leisure Services YOUTH BASKETBALL REGISTRATION FORM

Separate form REQUIRED for EACH participant. You may DUPLICATE this form.
(PARTICIPANT)

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ BP Resident? Yes / No

PHONE: day (____) _____ evening (____) _____

EMAIL: _____

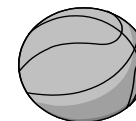
BIRTH DATE: m____/d____/y____ Male/Female (circle)

Grade: _____ as of September 2019

Height____ Is parent available to coach? Yes / No Clearances are required

Do you also intend to try out for the Travel Team? Yes / No

For Basketball T-shirt circle size



AS / AM / AL / AXL / AXXL (ADULT sizes)

Please circle division:	Grade as of September 2019		
Girls Grades 3 & 4	3115.301	Boys Grades 3 & 4	3115.304
Girls Grades 5 & 6	3115.302	Boys Grades 5 & 6	3115.305
Girls grades 7 - 10	3115.303	Boys Grades 7 & 8	3115.306
		Boys Grades 9 - 12	3115.307

Make check payable to: **BETHEL PARK RECREATION** Total amount enclosed \$ _____

Payment is from (print name) _____ cash _____ check # _____

Mail or drop off to: Bethel Park Recreation, 5151 Park Avenue, Bethel Park, PA 15102

I, _____ understand the rules and regulations for the (Parent/guardian or participant - print name) activity for which I have registered myself, or have registered my child. By my signature, I agree to hold harmless and blameless the Municipality of Bethel Park, Bethel Park School District and any employee thereof as to and regarding any liability, claims, damages or any item whatsoever resulting from any accident or injury which I or those under my supervision or care might receive while participating in the above Recreation program(s). I understand that Bethel Park Recreation provides opportunities for positive publicity by photographing and/or videotaping patrons at programs for use in local publications, newspapers, television, websites, and social media accounts. By signing this Activity Waiver, I grant the Municipality of Bethel Park and the Bethel Park School District permission to use my image, name, and likeness (collectively, "Image"), or the Image of my child, in this manner without any further compensation to me. **I understand that if I do not agree to the use of my Image or the Image of my child, I must notify Bethel Park Recreation in writing upon registration.**

SIGNATURE: _____

(Parent/guardian, if participant is under 18 years of age)

OFFICE USE ONLY -----

Amount Due \$ _____ Amount Paid \$ _____ Staff _____

Cash _____ Check # _____ Credit Card _____

Account # 831 Activity Code# 3115.30 Date Received _____ Time _____