

2017/2018

# REDDING PARK AND RECREATION BASKETBALL LEAGUE

## Grades 3-8

Our league features an everyone plays equal time format with the emphasis on skill development and fun. The program includes a T-shirt (uniform), one practice and one game per week. All games are on Saturdays from December 2nd through Feb. 24th. The rating clinics allow us to observe the players so that we can divide the teams fairly. All of the clinics are held at the Redding Community Center gym. Please mark your calendar with the dates as you will not receive a reminder. Coaches will contact their players directly within 2 weeks of the ratings clinic date.



### Rating Clinic Dates

| Grade      | Date | Day   | Time      | Activity # |
|------------|------|-------|-----------|------------|
| 5-8 girls  | 11/2 | Tue.  | 5:30-6:30 | 80150      |
| 3-4 girls  | 11/6 | Mon.  | 5:30-6:30 | 80140      |
| 5-6 boys   | 11/7 | Tues. | 5:30-6:30 | 80120      |
| 3-4th boys | 11/8 | Wed.  | 5:30-6:30 | 80100      |
| 7-8 boys   | 11/9 | Thur. | 5:30-6:30 | 80130      |

**Early Registration discount \$90.00 (by Oct. 3)**

**FEE: \$100.00 Register before October 31**

Registrations on or after November 1 are \$110.00 and will only be accepted if space permits.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_ DOB \_\_\_\_\_

Phone \_\_\_\_\_ Parent Cell #s \_\_\_\_\_ Email \_\_\_\_\_

**T-Shirt Size (circle one) YM YL AS AM AL**

I understand The Redding Park and Recreation Department has no accident insurance and that costs incurred due to injury are my responsibility. I release and hold the town harmless for any injuries incurred in this activity. I understand photos may be used by the department unless I notify them in writing. Once the teams are created no refunds will be given.

Signature of Parents or Guardian \_\_\_\_\_

**We DO NOT accept requests for coaches or team mates. No exceptions!**

My child **cannot** make practice on the following evening M-TH (**ONE NIGHT ONLY PLEASE**) \_\_\_\_\_

**ANY SPECIAL CIRCUMSTANCES OR CONCERNS MUST BE BROUGHT TO THE ATTENTION OF THE LEAGUE DIRECTOR LAURA ANDERSON PRIOR TO THE RATINGS CLINICS.**

I authorized the use of this credit card for the above payments. (Circle one) Mastercard Visa Discover Amex

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Mail form to: Redding Park & Recreation Dept. - PO Box 1071 - Redding, CT 06875

**or fax with credit card information to 938-1071**

**COACHES AND SPONSOR INTEREST FORM ON REVERSE SIDE**

**\*\*\*COACHES - Please fill out the part below if you are interested in being a coach this year.\*\*\***

Yes, I would like to volunteer as a coach. I understand I will be contacted by the Park & Recreation Department before the ratings clinics. I further understand that should I be selected, I will be an unpaid volunteer and can be removed by the Park & Recreation Department from my position as coach if it is deemed in the best interest of the league.

Name: (print) \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

1. Have you coached youth sports before? YES NO
2. If Yes; what sport, where and what grades? \_\_\_\_\_  
\_\_\_\_\_
3. Have you coached for the Redding Park & Recreation Department Youth Basketball League before?  
YES NO If so when? \_\_\_\_\_
4. What nights Monday-Thursday CANØT you practice? \_\_\_\_\_
5. The earliest I can make a practice is: \_\_\_\_\_
6. My child's name and grade. \_\_\_\_\_
7. I will participate in the ratings clinic and the creation of teams? YES NO  
(You can only participate in team creation if you attend, no exceptions)

Expectations we have of our coaches are:

- To abide by the League Rules, Regulations and Philosophies.
- To teach to the best of their ability.
- Arrive to games and practices at least 10 minutes prior to the start of game or practice.
- Wait until the last player is picked up.
- Supervise the children at all times
- Make necessary calls to cancel a practice
- Play all players equally.
- Make sure players play safely and appropriately.
- Follow the rules of using the gyms including notifying both custodial staff and League Director and/ or the Park and Recreation Director of problems immediately.
- Try to build self-esteem of all players in their care.
- Try to build basketball skills in all of players in their care.
- Not yell or belittle players.
- NEVER argue with a referee.
- Make playing basketball with the Redding Park and Rec program a positive experience for their players.
- Be a role model.

**\*\*\*SPONSORS - Please fill out the bottom if you are interested in sponsoring this year.\*\*\***

Yes, I am interested in sponsoring a team or teams in the 2016-2017 Redding Park & Recreation Department Youth Basketball League. I will be contacted by the Park & Recreation Department with further information. Please fill out the information below. **PLEASE PRINT CLEARLY.**

Child's Name \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Contact's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ home phone \_\_\_\_\_ work phone \_\_\_\_\_

I have sponsored a team in the league with the same name YES NO I have a player in the league YES NO.