



SPRINGFIELD RECREATION YOUTH BASKETBALL



LEAGUE PLAY 2019-2020 BOYS & GIRLS: GRADES 2-8

Springfield Recreation Youth Basketball is comprised of programs for all children from Pre-K through 8th grades, and consists of Clinic Play for our younger children (Pre-K-1st grades), League Play teams (2nd-8th grades), and Travel teams (4th-8th grades). League Play is divided into boys-only and girls-only teams, and registration is open to all boys and girls in grades 2-8 who attend a school in Springfield.

You are registering your child for LEAGUE PLAY, which consists of in-person player evaluations, weekly practices, one game per weekend, and playoffs.

3rd-8th GRADE EVALUATIONS: For League Play, to ensure that teams are comprised of players of equal age, skill, and height, players will need to attend an evaluation session. If, for some reason, your child cannot attend, you must contact the Springfield Recreation Department. There is no evaluation for 2nd graders. Evaluations take place at the Florence Gaudineer Middle School (boy's gym).

Saturday, November 2, 2019

- 3rd-4th Grade Boys @ 9:00-10:00 am
- 5th-6th Grade Boys @ 10:15-11:15 am
- 7th-8th Grade Boys @ 11:30 am-12:30 pm

Sunday, November 3, 2019

- 3rd-4th Grade Girls @ 1:00-2:00 pm
- 5th-6th Grade Girls @ 2:15-3:15 pm
- 7th-8th Grade Girls @ 3:30-4:30 pm

3RD-8TH GRADE SEASON: Weekly practices will start in mid-November (depending on teams and coaches). Regular season games will begin in early-January. Playoffs will begin in early-March. All teams make the playoffs! No games are scheduled for February 15-16, 2020, due to Presidents' Day Weekend.

2ND GRADE SEASON: Practices and games will take place on Sunday afternoons from January 5, 2020 to March 1, 2020, at Florence Gaudineer Middle School (boy's gym). Sessions are not held on January 19, 2020 and February 16, 2020. Time slots are 1:25-2:40 pm and 2:50-4:05 pm (your child's time slot will vary).

PINK ZONE: Participation in this annual skills clinic is optional, but highly encouraged. Springfield Basketball Association, Springfield Recreation Department, and Moravian College sponsor the clinic for children in grades 3-8. It will be held on Sunday morning, February 2, 2020, at Jonathan Dayton High School. The clinic is led by college and high school coaches and players to support breast cancer research through the Kay Yow Cancer Fund. Pink Zone spiritwear and baked goods will be sold at the clinic. Details and registration instructions will be available late-Fall at www.springfieldbasketball.com.

FEES:

- League Play: \$120 payable to Township of Springfield
Includes: jersey, game officials, time clock operators/scorekeepers, coaching instruction, equipment, championship tournament

Three ways to register. See reverse for registration form.

- 1) Online with Visa, Mastercard, or Discover at <https://register.communitypass.net/springfield>
- 2) In person with credit card, cash, check, or money order: Springfield Recreation Department, Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081. Weekdays @ 8:00 am-6:00 pm.
- 3) By mail with check or money order: Springfield Recreation Department, Chisholm Community Center, 100 South Springfield Avenue, Springfield, NJ 07081.

Registration Deadline: Friday, November 1, 2019

Registrations after this date will be accepted based on availability, and a waitlist may be formed. If you missed the deadline, have any questions, or need more information, please contact Daniel Hesse, Recreation Program Coordinator, at daniel.hesse@springfield-nj.us or (973) 912-2227. No refunds are issued after the registration deadline.

Children who plan to play on school or travel teams, or plan to participate in other sports or activities, are expected to make and keep their commitment to their recreation basketball teams. Coaches will be instructed to use their discretion in playing those children who don't show up regularly for practices.

OVER



SPRINGFIELD RECREATION DEPARTMENT
LEAGUE PLAY 2019-2020
BASKETBALL REGISTRATION FORM

(please print legibly)



Player name _____ School _____

Date of birth _____ Age (as of January 2020) _____ Grade _____ Gender _____

Height _____ Weight (optional) _____ Years basketball experience _____

(It is critical that you provide your child's height, as it is necessary to keep teams balanced.)

Jersey size (please circle) Youth XS S M L XL Adult S M L XL 2XL

Street Address _____ Town _____

Home Phone _____

Parent Name _____ Cell _____ Email _____

Parent Name _____ Cell _____ Email _____

Health Concerns/Physical Limitations/Allergies/Inhaler/Epi-Pen/Glucagon/Accommodations Requested _____

Emergency Contact Name _____ Phone # _____

My child has been examined by a physician and, to the best of our knowledge, is physically fit to participate in this basketball program. Permission is hereby granted to engage in this basketball program. The Township of Springfield, employees, volunteers, coaches, or the Springfield Basketball Association will not be liable for any injury incurred from practices or games. I understand that all persons (players, coaches, officials, parents, spectators) attending a sports event for all Springfield recreation programs must comply with the NJ law P.L. 2002, Chapter 74-C.5:17, Code of Conduct Policy. Supervisors of all recreation programs may ban the presence of any person who fails to comply with the code, and violators may also be banned from subsequent sports events. Designated supervisors may also call for police assistance if needed. All persons are encouraged to refrain from engaging in verbal or physical threats or abuse aimed at any player, coach, official, parent, and/or spectator and also must refrain from initiating any fight or scuffle with any person. All persons are encouraged to refrain from taunting and/or using profane language or gestures. All persons are encouraged to practice good sportsmanship, including cheering for your team and respecting the efforts of opponents. I understand that under state law, players who normally wear corrective eyeglasses must wear protective shatterproof eyewear during practices and games. I understand that gymnasiums are open to the public, and members of the public and the press may advertently or inadvertently photograph and video my child and use those images for their own use without my permission. I give permission for my child's photograph and video to be captured by Township of Springfield employees and used in print publications, online publications, presentations, websites, and/or social media. I hereby authorize representatives of the Springfield Recreation Department to give consent for any and all necessary emergency First Aid or medical care for my child while he or she attends this basketball program.

Parent Name (print) _____

Parent Signature _____ Date _____

To make the league successful, we need your help! We rely on volunteer coaches. Please let us know if you can help. Thank you!

VOLUNTEER NAME _____ SHIRT SIZE (PLEASE CIRCLE) AS AM AL AXL A2XL A3XL

Please check what you are interested in: Head Coach _____ Assistant Coach _____

PHONE _____ E-MAIL _____

All coaches must participate in a Rutgers S.A.F.E.T.Y. coach clinic. All volunteers must submit fingerprints for a criminal background check to the Recreation Department prior to coaching. Information obtained on background checks is confidential.