



Springfield Recreation Department GIRLS TRAVEL Basketball Registration 2019-2020 5th, 6th, 7th, and 8th Grade Teams



Springfield Recreation Department and Springfield Basketball Association (SBA) sponsor three Nettes Travel teams for girls enrolled in a Springfield school grades 5, 6, 7, and 8, for the 2019-2020 season.

Travel basketball requires a very high level of commitment, including 2-3 weekly practices and/or games. Playing time may be mandated by the league, however if not, playing time is earned by the girls in practice with their attitudes and their abilities. Post-season clinics and tournaments may be added for Travel players.

FREQUENTLY ASKED QUESTIONS ABOUT NETTES GIRLS TRAVEL BASKETBALL

Practices	2-3 practices per week. Practice times and days vary per team.
Games	Average 1-2 games per week. May vary depending on gym availability, tournaments, holidays, weather, etc.
Season	Practices begin in early-November. Games run from early-December through mid-March. Teams may enter tournaments in addition to Travel play. Post-season clinics and tournaments may be offered.
Fee	\$180 (due to the Springfield Basketball Association only if your child is accepted on a Travel team) Required: You <u>must</u> register for Travel team try-outs at https://register.communitypass.net/springfield . It is free to try out, but only pre-registered children will be allowed in the gym to try out. Fees for post-season clinics and tournaments are separate.
Uniforms	Players will be required to purchase uniforms. Uniforms purchased during the 2018-2019 season can be worn if in good condition.
Tryouts	5 th grade: Tues, 10/8 @ 8:00-9:00 pm FMG boy's gym AND Sat, 10/12 @ 2:45-3:45 pm FMG boy's gym 6 th grade: Tues, 10/8 @ 6:30-7:30 pm FMG girl's gym AND Fri, 10/11 @ 6:30-7:30 pm FMG boy's gym 7 th grade: Tues, 10/8 @ 7:30-8:30 pm FMG boy's gym AND Fri, 10/11 @ 7:30-8:30 pm FMG girl's gym 8 th grade: Mon, 10/7 @ 7:30-8:30 pm FMG boy's gym AND Thurs, 10/10 @ 7:30-8:30 pm FMG girl's gym
Playing Time	Playing time is based on ability and attitude.
Other Teams	You may play on other teams, but you are expected to be fully committed to Nettes basketball.
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 .

Prospective players must attend both tryouts, unless absence is approved.

TO REGISTER FOR TRY-OUTS: Register for free online at <https://register.communitypass.net/springfield>. Or complete the registration form on the back and return it to the Springfield Recreation Department at the Chisholm Community Center (100 South Springfield Avenue, Springfield, NJ 07081) before the first try-out. If your daughter is already registered for recreation League Play, you must still complete this form or register for free online in order to attend Travel try-outs.

NO PLAYER IS PERMITTED TO TRY OUT FOR THE NETTES GIRLS TRAVEL BASKETBALL TEAM WITHOUT A FULLY COMPLETED REGISTRATION FORM OR ONLINE REGISTRATION.

Questions? Email Daniel Hesse, Recreation Program Coordinator, at daniel.hesse@springfield-nj.us, or call the Springfield Recreation Department at (973) 912-2227. For additional information about the Travel program, visit the SBA website at www.springfieldbasketball.com.

OVER



Springfield Recreation Department

GIRLS TRAVEL Basketball Registration 2019-2020

5th, 6th, 7th, and 8th Grade Teams



PLEASE PRINT NEATLY

Player Name _____ School _____

Date of Birth _____ Age (as of November 2019) _____ Grade _____ Gender _____

Is your child also registered for these basketball programs? Recreation _____ CYO _____ FMG _____

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/Guardian Name (print) _____

Parent/Guardian Signature _____ Date _____