

Salvation Army Basketball

Hey, 5th and 6th Graders! The Salvation Army is once again conducting a Basketball League to help improve your basketball skills and learn a lot about the game of basketball. The league will have openings for **Boys and Girls**, but please register early, Registration must be limited to the first 120 kids registered.

All Salvation Army programs are Christian based. Parents, Coaches and participants are expected to keep those principles in mind while participating in the leagues.

OPEN TO: BOYS & GIRLS GRADES 5 - 6

Registration begins: September 1st / Practice begins in October

Registration ends: When capacity is reached

COST: \$ 140.00 per child (includes T-shirt) No refunds



Simply complete the form below, detach, enclose payment and bring to:
The Salvation Army 1000 17th Ave. S. Great Falls, MT. 59405

For more information please call Gary at 452-9641.

Please Call for availability in league after 1st week of Registration!

\$ REGISTRATION FEE: \$140.00 PER PARTICIPANT \$

** THIS PROGRAM IS LIMITED TO THE FIRST 120 KIDS REGISTERED **

Players Name _____ Male / Female _____

Grade _____ Do you belong to an established team ? Yes / No coaches name _____

Address _____ Shirt size: YL / AS / AM / AL _____

Parent/Guardian _____ Phone: _____

Does child have any specific medical problems? YES / NO (Explain on Back) _____

E-mail _____

I, as parent of guardian of _____ hereby agree to abide by all of the rules and regulations governing The Salvation Army Youth Basketball League. I further agree to accept full responsibility in matters of any physical injury or loss that might result from participation in games, practices, or travel to and from activities. I further agree that in the event of such injury or loss, there shall be no liability on the part of The Salvation Army, team coach or any other sponsoring body or organization associated with the sponsorship of this program. The Salvation Army would like permission to use a photo of your child for advertising or special recognition if the occasion arises. Photo Release: ☐ I agree ☐ I do not agree

Date _____

Signature of Parent of Guardian _____

VOLUNTEER INFORMATION

THE SUPPORT OF THE PARENTS IS VITAL FOR THE SUCCESS OF THE PROGRAM!

PLEASE CHECK ONE OF THE BOXES IF YOU ARE ABLE TO HELP.

☐ HEAD COACH

☐ ASSISTANT COACH

☐ TEAM REFEREE