2018-19 HK Recreation Department's Youth Basketball League

All players must attend one of the in-person skills assessments to be placed on a team. The players will be evaluated by experienced coaches. Please register online or by mail before attending skills assessment. This is not a tryout! Please arrive 15 min. before time slot. Please wear sneakers.

Participants must register online or by mail before coming to the skills assessment.
Fee: $115 / $95 2nd child. $25 late fee after 10/18.
No fee for 1 child (Head Coach) / No fee for 1 child (Referees - at least 6 games)

Coaches & referees needed!

Important Information

Who: Girls Training Division (Gr. 3 - 4) / Boys Training Division (Gr. 3 - 4) / Girls Jr. Varsity (Gr. 5 - 8) / Boys Jr. Varsity 2 (Gr. 5 - 8) / Boys Varsity (Gr. 7 - 8)

Note: Divisions may have to be realigned depending upon the number of players signing up.

Practices: Times and locations of practices are at the discretion of the coach. Practices are conducted on weekdays after 5 pm at HES or Burr for the Training Divisions and KES and the Middle Schools for the older divisions.

Games: Games are on weekdays at 7 pm or on some Saturdays

Equipment: Each player receives a team uniform top. Players provide shorts, socks, sneakers.

Skyhawks Basketball (Gr. K-1) and 2nd Gr. Basketball: Please look for more info. in our upcoming Winter Brochure

Timeline:
Monday, December 3rd: Practices begin
Saturday, January 5th: Pre-Season Scrimmages / Team Photos
Monday, January 7th: Regular Season begins
Saturday, March 2nd: End of the Season Jamboree

Follow us on Facebook!
www.facebook.com/HKRec

Registration form on back or register at www.hkrec.com
Please review these policies regarding participation in the HK Youth Basketball Program (sponsored by HK Recreation Department).

1. There will be no refunds issued once registration is completed (after October 18, 2018). Exceptions will be made if a player is ill or injured (doctor’s note required), or if the player moves out of town.
2. It is understood that players are expected to be at their team’s practices and games. If a player will be unable to attend, the coach should be notified.
3. We will try to honor your carpool request (1 player), but we cannot guarantee this. Balanced teams are our first priority. Requests must be for carpooling purposes only (i.e. someone from your neighborhood).
4. You may pick one (1) day of the week that you do not want your child to practice. We will try to honor your request, but we cannot guarantee this.
5. Parents are expected to act in a sportsmanlike manner when watching games. Abusive language and behavior directed towards players, coaches, and referees will not be tolerated.
6. Once teams are selected, players cannot be moved to other teams.
7. I understand that my child is not allowed to wear any type of jewelry to games and practices. This includes cloth/plastic bracelets and, most importantly, any PIERCED EARRINGS.
8. I have read the concussion awareness sheet on our website.

No practice _______ Travel_________ Sibling _______ ‘18 R__________ Assessment_______

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DO NOT WRITE ABOVE THIS LINE.......................................OFFICE USE ONLY

REGISTRATION FORM   (PO Box 569, Higganum, CT 06441)
Please mail form before skills assessment or register on-line. Scholarships are available if qualify. Call 860-345-8334.

Child’s Name_____________________________________________DOB____________ Gr. _________
Girls League ____      Boys League ____          School ______________          Height_____ft._____in.

Which assessment date will your child be attending?: 10/10 or 10/18

Address_________________________________________________________Town___________________________
e-mail _______________________________________________________ Phone (      ) ______________________
Cell phone (Mom) (     ) ___________________________________ (Dad) (      ) ______________________________

1) Are there any physical/behavioral conditions the coach should be aware of?

2) Does your child play on a Travel Basketball Team (Spring or Fall)?              [     ] yes                [     ] no

3) You may request one day that your child cannot practice. Please circle: M       T       W       Th       F

4) Is there a player from your neighborhood who you need to carpool with? Name_________________________ Gr.___

Can You Help? Please circle:  Coach                 Asst. Coach                 Referee
Your Name: __________________________________________ email _____________________________________

Coach with: ___________________________________________ Division to coach __________________________

I hereby covenant and agree to release and hold harmless the HK Recreation Dept. and its agents from and against any and all liability, loss, damage, claims or actions (including costs and attorney fees) for bodily injury and/or property damage out of participation in the Youth Soccer League. I understand participation in the Youth Soccer League may involve rigorous physical activity and risks of physical injury, and I assume these risks. I have read and understand the player/parent policies and concussion awareness.

Parent/Guardian’s Signature_________________________________