



2018-19 HK Recreation Department's Youth Basketball League

In-Person Skill Assessments

Wednesday, October 10 - HK MS Gym

Thursday, October 18 - HK Old MS Gym

5:30 - 6:00 pm (Girls Gr. 3-4)

6:00 - 6:30 pm (Girls Gr. 5-8)

6:30 - 7:10 pm (Boys Gr. 3-4)

7:10 - 7:45 pm (Boys Gr. 5-6)

7:45 - 8:15 pm (Boys Gr. 7-8)

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 on-line 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 on-line 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 weeknights 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 _____

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 _____