



# Boys & Girls

# Basketball Club

Trinity Presbyterian Church's children and youth basketball program is committed to providing an environment of fun, fair play, and fellowship. We emphasize participation by all and a proper balance between enjoyment and the development of skills.

The rules of basketball will be modified so all children who participate will enjoy the game and begin to learn the basics of basketball. We will not keep score during the "game," and playing time and opportunities with the ball (dribbling and shooting) will be distributed equally.

### AGE DIVISIONS

- Co-ed teams: children ages 4½ to 7 (as of January 1, 2008)

### REGISTRATION GUIDELINES

- The player fee is \$50 and must accompany your registration. Please make checks payable to Trinity Presbyterian Church. Player fee includes a T-shirt and end-of-the-year trophy.
- Additional forms are available at the church office.
- Registration may be mailed to Trinity Presbyterian Church (3003 Howell Mill Road, NW, Atlanta, GA 30327) or brought to the church office between 8:30 a.m. and 4:30 p.m.
- Sorry, we cannot accept registrations over the phone or e-mail.
- **Registration deadline: Monday, December 3**

### PRACTICES

- A Trinity Presbyterian Church staff member will contact parents in mid-December to confirm the child's team placement and regular practice time. Each team will practice once a week at Trinity Church. Call the church to find out when your child's practices will be held. Practices are held Monday - Wednesday.

### GAMES

- The rules of basketball will be modified so all children who participate will enjoy the game and begin to learn the basics of basketball. We will not keep score during the "game" and playing time and opportunities with the ball (dribbling and shooting) will be distributed equally.
- Coaches will provide game schedules and rosters to players at the first practice.
- Games begin the first weekend after MLK Day in January and are played on Saturday mornings at Trinity Church.

### QUESTIONS

- If you have any questions, contact Veronica Ridenhour at 404-495-8440, between 8:30 a.m. and 4:00 p.m., Monday through Friday.

## Registration Form

### CHILDREN'S CLUB

Female  Male

Age as of 01/01/08 \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Player's Name \_\_\_\_\_

Goes by \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Parents' Name \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency contact (other than parent) \_\_\_\_\_

Phone \_\_\_\_\_

Church affiliation \_\_\_\_\_

School attending \_\_\_\_\_

\$50 per player

Financial Aid requested

Jersey or T-shirt size\* (circle one)

Youth: Sm Md Lg

Adult: Sm Md Lg XL

\*Parents very often order shirts that are too small for their children. Please order carefully as we must distribute shirts according to the size ordered for your child.

**We always need coaches! Mom or Dad willing to coach?**  Yes  No

Checks will be returned if minimum participation to complete a team in your child's age group is not reached. Payment must accompany registration form. **Mail check and registration to: Trinity Presbyterian Church, Attn: Trinity Basketball, 3003 Howell Mill Road, NW, Atlanta, GA 30327**

## Medical Release

**This medical release must be completed and returned with your registration form for your child to participate in the program.**

I agree to place my child in the Trinity Basketball Program. In placing my child in the program, I realize there may be a certain degree of risk or injury that might occur. I agree to hold Trinity Presbyterian Church harmless from any claims resulting in injury in the program.

Player's Name \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_