

BOYS & GIRLS (AGES 5-6) Basketball Club

Trinity Presbyterian Church's Basketball Club 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. Our program is open to members of Trinity and to members of the community.

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

- Children ages 5 and 6 as of September 1, 2011

REGISTRATION GUIDELINES

- The player fee is \$60 and must accompany your registration. Please make checks payable to Trinity Presbyterian Church. Player fee includes a T-shirt, end-of-the-year trophy, and team photo.
- Additional forms are available at the church office.
- Registration may be mailed to Trinity Presbyterian Church (Attn: Amy Patterson, 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, October 24, 2011**

PRACTICES

- Held on Sunday afternoons beginning January 8. Starting Sunday, January 15, games will start immediately following practice.

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.
- Game schedules and rosters will be e-mailed to parents in mid-December.
- Games played on Sunday afternoons beginning January 15 at Trinity Church.

QUESTIONS

- If you have any questions, contact Amy Patterson at apatterson@trinityatlanta.org or 404-495-8427.

Registration Form 2012

Registration deadline: Monday, October 24, 2011

BASKETBALL CLUB (AGES 5-6)

Female Male Age as of 09/01/11 _____ D.O.B. ____/____/____

Player's Name _____ Goes by _____

Address _____

City _____ State _____ Zip _____

Parents' Name _____

Cell Phone _____ Work Phone _____ Home Phone _____

E-mail _____

Emergency contact (other than parent) _____ Phone _____

Church affiliation _____ School attending _____

\$60 per player Financial Aid requested

Jersey or T-shirt size* (check one)
Youth: Sm Md Lg Adult: Sm Md Lg XL

I would like to be on the following coach's/player's team: _____

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: Amy Patterson, 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, church employees, and all coaches/instructors harmless from any claims resulting in injury in the program.

Player's Name _____

Parent or Guardian _____ Date _____

Physician's Name _____ Phone _____