



Boys & Girls Youth Basketball League

Trinity Presbyterian Church's 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. Trinity's teams participate in the North Atlanta Church Basketball League. Our program is open to members of Trinity and to members of the community. Please join us!

AGE DIVISIONS

- Boys and girls teams are divided into age groups: 7-8, 9-10, 11-12, and 13-14
- The age limit is determined as of September 1, 2007. Younger players may "play up" a level, but no one can "play down."

REGISTRATION GUIDELINES

- The player fee is \$100 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. Fees also cover the cost of providing certified game referees for all games played at Trinity.
- 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 by e-mail.
- **Registration deadline: Monday, November 12**

PRACTICES

- The coaches will contact parents in mid-November to confirm the child's team placement and regular practice time. Each team will practice once a week at Trinity Church. Practices are held Monday - Wednesday.

GAMES

- Coaches will provide game schedules to players in mid-December. All games are scheduled by the league; Trinity does not set game schedules.
- Games begin the first week in January and are played on Saturdays at local churches. The season will end with a tournament during the last week of February.

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

YOUTH LEAGUE

Female Male

Age as of 9/1/07 _____

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 _____

\$100 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 _____