

# BOYS & GIRLS YOUTH (AGES 7-14)

# 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.

## 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, 2011. Younger players may "play up" a level, but no one can "play down."

## REGISTRATION GUIDELINES

- The player fee is \$125 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. 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 (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 by e-mail.
- **Registration deadline: Monday, October 24.**

## PRACTICES

- Each team will practice at least once a week at Trinity Church. Practices begin the week of November 28 and are held in the evenings, Monday - Thursday.

## GAMES

- Coaches will provide game schedules to players in mid-December.
- 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 Amy Patterson at 404-495-8427 or [apatterson@trinityatlanta.org](mailto:apatterson@trinityatlanta.org)

## Registration Form 2012

Registration deadline: Monday, October 24, 2011

### YOUTH LEAGUE (Ages 7-14)

Female  Male Age as of 9/1/11 \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

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 \_\_\_\_\_

\$125 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 \_\_\_\_\_

