

KIMBALL BOYS AND GIRLS BASKETBALL REGISTRATION FOR 4TH, 5TH, and 6th grade TRAVELING BASKETBALL LEAGUE 2012-13



Mandatory Registration & Information Sharing: Thursday November 1st at 6:00 High School Cafetorium

Practice begins on November 1st, beginning with skills and drills activities for both boys & girls. Practices are Mondays & Thursdays through late February or early March
Tournaments and or games are most Saturdays starting in January

Registration fee for participation is **\$55.00** per child to cover the costs for running the program, equipment, supplies & league/tournament participation. Payment must accompany registration form

Late registrations will be accepted if there is team space available
Late fee of **\$10.00** will be added after the registration dead line date of **November 11th**

Uniforms & practice jersey's provided by Booster club are to be returned at the end of the season
Indoor court shoes and shorts are recommended and are your responsibility

We ask for parents to assist with coaching as we are in need of volunteers
We will need parents to help with the Kimball tournaments with set up and concessions
Please communicate with coaches on your ability to help

Parents are asked to consider joining the Kimball Booster organization to help support these programs

Questions regarding these programs may be directed to Linda Merchant for the girls program at 320-250-4972 or Brent Hilbert for the boys program at 612-819-4262

REGISTRATION FORM

In consideration of participation in this Kimball Booster program. I hereby acknowledge and do enter this program at my own risk, assuming all known and unknown risks. I also agree to indemnify and hold harmless the Kimball Schools & Kimball Booster club from any and all injuries I may incur. All persons under the age of 18 must have parent/guardian signature to participate

Parent or Guardian signature

Participant's Name _____ Age _____ Sex _____ Grade _____ Birth date _____
Phone # _____ Cell# _____ e-mail _____
Address _____ City _____ State _____ Zip _____
Any medical condition's _____ if so what _____

Activity: **Elementary Traveling Basketball**

Make checks payable to: **Kimball Booster Club**

For office use only: Date received _____ Check # _____ initials of person receiving _____

