

**SOLEBURY TOWNSHIP
PARKS and RECREATION**
3092 Sugas Road, P.O. Box 139
Solebury, PA 18963
Ofc: 215-297-5702 Fax: 215-297-8402
soleburyparks@soleburytwp.org



SOLEBURY BASKETBALL - TRAVEL TEAM TRYOUT SCHEDULE 2017-18

OPEN TO ALL PLAYERS, MALE & FEMALE, PLAYING IN THE INTER-COUNTY BASKETBALL ASSOCIATION

SOLEBURY



BASKETBALL



BOYS DIVISION

9 YRS OLD / 4TH GRADE BOYS - COACH RC MASSIMINO
Sept 19 at 7-8 p.m. / Sept 26 at 7-8 p.m. (UES Gym)

10 YRS OLD / 5TH GRADE BOYS - COACH RICK NETTLES
Sept 25 at 8-9 p.m. / Sept 28 at 8-9 p.m. (UES Gym)

11 YRS OLD / 6TH GRADE BOYS - COACH KEITH DEUSSING ("A" Team)
COACH JENNIFER GORMLEY ("B" Team)
Sept 18 at 8-9 p.m. / Sept 27 at 8-9 p.m. (UES Gym)

12 YRS OLD / 7TH GRADE BOYS - COACH ROBERT EICHEM
Oct 2 at 7-8 p.m. / Oct 5 at 7-8 p.m. (UES Gym)

13 YRS OLD / 8TH GRADE BOYS - COACH SCOTT MOSES ("A" Team)
Sept 19 at 8-9 p.m. / Sept 26 at 8-9 p.m. (UES Gym)

13 YRS OLD / 8TH GRADE BOYS - COACH JOHN FEEHAN ("B" Team)
Sept 28 at 7-8 p.m. / Oct 2 at 8-9 p.m. (UES Gym)

GIRLS DIVISION

9 YRS OLD / 4TH GRADE GIRLS - COACHE BOB D'AGOSTINO
Sept 18 at 7-8 p.m. / Sept 27 at 7-8 p.m. (UES Gym)

10 YRS OLD / 5TH GRADE GIRLS - COACH ALISON DUDICK
Sept 25 at 7-8 p.m. / Oct 6 at 7-8 p.m. (UES Gym)

ALL TRYOUTS ARE HELD AT THE NH-S UPPER ELEMENTARY SCHOOL GYM (UES)
180 WEST BRIDGE STREET, NEW HOPE, PA. PLEASE BRING YOUR BASKETBALL TO THE TRYOUT

THE REGISTRATION FORM ON THE REVERSE SIDE MUST BE COMPLETED AND BROUGHT WITH YOU TO THE TRYOUTS, ALONG WITH A COPY OF YOUR BIRTH CERTIFICATE.

NO FEE IS DUE UNTIL THE TEAM SELECTIONS ARE ANNOUNCED BY THE HEAD COACH

THESE TRYOUTS ARE FOR TRAVEL TEAM PLAY ONLY (NOT INTRAMURALS). TOURNAMENT PLAY BEGINS IN EARLY DECEMBER 2017. REGULAR SEASON GAMES BEGIN Mid-DECEMBER 2017 AND CONTINUE TO THE END OF FEBRUARY 2018 WITH AT LEAST 2 or 3 GAMES/PRACTICES PER WEEK, HOME AND AWAY, WEEKNIGHTS AND SATURDAYS & SUNDAYS. LEAGUE PLAYOFFS FOLLOW THE COMPLETION OF THE REGULAR SEASON AND CONTINUE THROUGH THE MIDDLE OF MARCH 2018.

TEAM DETERMINATION: BASED ON THE PLAYER'S AGE and GRADE ON AUGUST 1st, 2017

QUESTIONS?? CALL DUDLEY RICE, DIRECTOR of PARKS & RECREATION
215-297-5702 (Parks & Recreation Office)
email: soleburyparks@soleburytwp.org
website: www.soleburybasketball.org

THIS PROGRAM TAKES PLACE ON NH-S SCHOOL DISTRICT PROPERTY USING THE SCHOOL GYMS

**SOLEBURY TOWNSHIP
PARKS and RECREATION**

3092 Suga Road, P.O. Box 139
Solebury, PA 18963
Ofc: 215-297-5702 Fax: 215-297-8402
soleburyparks@soleburytwp.org



TRAVEL BASKETBALL REGISTRATION FORM – 2017/18 SEASON

Last Name _____ First Name _____ Gender _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ *Age on Aug 1, 2017 _____ School _____

Mother _____ Phone _____ Father _____ Phone _____

Email Address _____

Emergency Contact _____ Phone _____

<p><i>Medical Insurance Coverage Is NOT Provided By Either Solebury Township Or The Basketball League</i></p> <p>Insurance Company _____ Policy No. _____</p> <p>Known allergies or medication _____</p>
--

REGISTRATION FEES: *TEAMS ARE BASED ON PLAYER'S AGE & GRADE AS OF AUGUST 1, 2017

- 11 YRS OLD / 6th GRD TEAM.....\$200
- 9 YRS OLD / 4th GRD TEAM.....\$200
- 10 YRS OLD / 5th GRD TEAM.....\$200
- 12 YRS OLD / 7th GRD TEAM.....\$200
- 13 YRS OLD / 8th GRD TEAM.....\$200

THIS FORM MUST BE COMPLETED IN ORDER TO TRYOUT, PRACTICE OR PLAY ON A TRAVEL TEAM. A COPY OF YOUR BIRTH CERTIFICATE IS REQUIRED AT THE TRYOUT.

No fee is due until the team has been selected and you are notified by your Coach. Included in these fees are the costs for the ICBA League entry fees, referees, facility charges as well as an individual & team photo (Memory Mate). **UNIFORM AND TOURNAMENT COSTS ARE SEPARATE FROM THIS FEE.** Make checks payable to "SOLEBURY BASKETBALL" and deliver to your team's Coach. **DO NOT MAIL.** (A \$45 service fee is assessed for all returned checks from your bank for any reason)

PROGRAM POLICY: CHILDREN MAY BE ASSIGNED TO A TEAM FOLLOWING A TRYOUT AND SELECTION BY THE TRAVEL TEAM DIVISION COACH. NO CHANGES IN TEAM PLACEMENT CAN BE MADE ONCE THE TEAM HAS BEEN SELECTED. A COACH'S CHILD MAY BE PLACED ON THE COACH'S TEAM. THE LEAGUE RESERVES THE RIGHT TO REFUND REGISTRATION FEES IN THE EVENT AN INSUFFICIENT NUMBER OF COACHES VOLUNTEER AND / OR AN INSUFFICIENT NUMBER OF CHILDREN REGISTER IN ANY PARTICULAR DIVISION.

MEDICAL AND EMERGENCY TREATMENT AUTHORIZATION:

I hereby give my permission for Solebury Township Parks and Recreation and/or League personnel to arrange for transportation to the appropriate medical facility and authorize emergency treatment as deemed necessary by a Physician or trained medical personnel for illness or injury my child / myself has incurred while participating in a Solebury Township Sports Program. I understand that I will be notified immediately of the need for emergency transport or treatment, and if not available, treatment deemed necessary will be authorized.

SPORTS, FIELD TRIP, ACTIVITY AUTHORIZATION AND GENERAL RELEASE:

I, in consideration of myself / my child being permitted to participate in a SOLEBURY TOWNSHIP recreational program, on behalf of myself and / or my child (children), our heirs, personal representatives and assigns hereby release SOLEBURY TOWNSHIP, BUCKS CO., PA, its Supervisors, agents, employees, officers, successors and assigns from all liability, actions, suits, and claims, including but not limited to, wrongful death, personal injury, negligence, and intentional torts, and hereby waive all such claims which may be raised by me, my child, my heirs, personal representatives or assigns.

PARENT/GUARDIAN SIGNATURE _____ DATE: _____