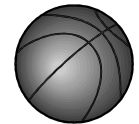


2009-2010 RAMS YOUTH BASKETBALL
SOUTH EASTERN YOUTH BASKETBALL ORGANIZATION
Sponsored by Hopewell Area Recreation & Parks (HARP)
 On the Web: www.eteamz.com/ramsbasketball



Registration: Kennard-Dale High School Gym Lobby <ul style="list-style-type: none"> • Wednesday, October 7th 6:30pm – 7:30 pm • Wednesday, October 14th 6:30pm – 7:30 pm 	Or Mail To: (must be postmarked by 10/16/09) Rams Youth Basketball 15 Locust Street Stewartstown, PA 17363
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A. PLAYER INFORMATION

Name: _____ Birth date: _____
 Address: _____ Male/Female: _____
 City/State/Zip: _____ Current Grade: _____
 Names of parents/guardians: _____
 Phone number(s): _____ Email Address: _____
 Years of experience: _____ Last year's coach: _____
 Shirt size: (circle one) YS (6-8) YM (10-12) YL (14-16) AS (30-32) AM (34-36) AL (38-40) AXL (42-44)
 Medical conditions: _____

B. VOLUNTEER INFORMATION (check at least one area in which to help)

_____ Head Coach _____ Assistant Coach _____ Team Parent	_____ Scoreboard Operator _____ Intramural Official _____ Concession Stand
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C. FEES: Make checks payable to HARP (include player's name in memo line)

Check Only One:

- \$55 for 3rd thru 6th grade** and only **\$15 for each additional family member** (plus an additional \$15 will be required if your child plays on a travel team to help offset the costs of uniforms, referees and the end of season tournament)
- \$45 for 2nd grade** co-ed instructional league and only **\$15 for each additional family member**
- \$35 for Kindergarten & 1st grade** co-ed clinic league and only **\$15 for each additional family member** (one scheduled practice/game per week)

****Add \$5 late fee after 10/19/09** (Late registrations are accepted to fill teams – No guaranteed spaces)**

Check # (Made Payable to HARP) _____ **Total Paid** _____

D. INSURANCE WAIVER

We, the parents/guardians of _____ possess the necessary and adequate health and accidental insurance to meet any emergency needs that might arise during his/her participation in RAMS Youth Basketball. We also understand that with any physical activity accidents and injuries can occur, and agree that the South Eastern Youth Basketball Organization, HARP, and coaches will not be held responsible.

Signature: _____ **Date:** _____

Name of Insurance Company: _____

E. Organizational Tryouts: Please make every effort to attend as it helps with team placement and travel team selection

<u>3rd/4th Grade Girls</u>	<u>5th/6th Grade Girls</u>	<u>3rd/4th Grade Boys</u>	<u>5th/6th Grade Boys</u>
10/26 5:30-7:00 PM KD Gym	10/26 7:30-9:00 PM KD Gym	11/3 6:00-8:00 PM KD Gym	11/4 6:00-8:00 PM KD Gym
10/27 5:30-7:00 PM KD Gym	10/27 7:30-9:00 PM KD Gym	11/5 5:30-7:00 PM KD Gym	11/5 7:00-8:30 PM KD Gym

PLEASE MARK IF YOU DO NOT WANT TO BE CONSIDERED FOR THE TRAVEL TEAM

Please NOTE: Players in the 2nd grade instructional and K/1st grade clinic leagues will be contacted directly by their coaches

Get updates and contact information on our web site: www.eteamz.com/ramsbasketball