2027 ART SADTLER BASKETBALL LEAGUE

3rd, 4th, 5th & 6th Grade Player Registration Form

(Cost is $100 – checks payable to Art Sadtler Basketball or as directed by your school coordinator)

PLEASE CLEARLY PRINT ALL INFORMATION

Name of Player_____ Sex _____ Birth Date _____ Age_____

Address _____ _____
(Street) *(City, State, Zip)*

Parent/Guardian_____ Phone:_____

School _____ Grade _____

Email Address:_____

Uniform (shirts tend to run smaller):
T-Shirt Size (please circle): Yth Med Yth Lrg Adult Sm Adult Med Adult Lrg Adult XL

Any Allergies or Existing Medical Conditions? ☐ Yes ☐ No

If Yes, Please Explain _____

Emergency Contact _____ Relationship _____

Phone No. _____

*** Fill-out if interested in coaching ***

Mandatory Coach's Meeting – See www.Artsadtler.org

Please strongly consider helping because without a coach there is no team. Each year schools in our league are forced to cancel teams because no one volunteered to coach. Ultimately this leaves many children without an opportunity to play school basketball. Perhaps you know of a relative who may be willing to coach. ☐- Assistant Coach ☐ - Head coach

Name:_____

Phone Number: _____ Email Address:_____

AGREEMENT:

1) I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize members of Art Sadtler Basketball Program to obtain medical treatment for my child in the event that the parent(s) and the emergency contact cannot be reached.
2) I support Art Sadtler's Youth Sports Philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play and family involvement.
3) I will follow all rules and regulations of school and league play and will abide by the coach's choices and decisions.

_____ _____
Signature of Parent / Guardian *Date*

10/20/24