



Panther Youth Basketball

Registration Information



November 2010-February 2011

FOR FURTHER INFO CALL 259-5200 or online at www.pantherbasketball.com

PO BOX 40995, Indianapolis, IN 46240

Panther Youth Basketball offers three levels of participation based on grade level and ability.

<u>DEVELOPMENTAL</u>	<u>IN-HOUSE RECREATIONAL</u>	<u>COMPETITIVE (TRAVEL)</u>
Grades K & 1	Grades 2-6	Grades 3-6 (Must Tryout)
\$60 per player	\$85 per player	\$150 per player
Practice once per week At a Nearby Elementary	Practice once per week At a Nearby Elementary	Practice Twice per week At Local Middle School
(Games on Saturdays) Games Nov 6-Dec. 18 Season II Jan. 15-Feb. 19 Games at Foxhill Elementary	(Games on Saturdays) Games Nov. 13 – Feb. 20 Games at Eastwood or Westlane	(Games on Saturdays and/or Sundays) Games Nov. 6-Spring Break Games in metro Indy

Developmental and In-House teams are created based on grade, school and evaluation result. Divisions are generally separated by grade level. Travel participants must also be evaluated in a separate travel evaluation. All participants who do not make a travel team will be placed on an In-house team.

Grade Level	EVALUATION DATE & TIME	TRAVEL TRYOUT DATE & TIME
Kindergarten & 1 st Grade	SIGN-UP ONLY	NONE
2 nd Grade	SUN OCT 17 th 4:00-4:30 pm	NONE
3 rd Grade	SUN OCT 17 th 1:00-1:30 pm	SUN OCT 17 th 1-2 pm
4 th Grade	SUN OCT 17 th 2:00-2:30 pm	SUN OCT 17 th 2-3 pm
5 th Grade	SUN OCT 17 th 2:30-3:00 pm	SUN OCT 17 th 3-4 pm
6 th Grade	SUN OCT 17 th 3:30-4:00 pm	SUN OCT 17 th 4-5 pm
(Open to all EVAL 4:30-5:00 , If you cannot make scheduled time)		
EVALUATIONS ARE AT NORTH CENTRAL HIGH SCHOOL		
WE NEED VOLUNTEER COACHES!!!		

GET READY FOR THE SEASON
WITH COACH MITCHELL'S FATHER & SON SKILL CLINIC
 SUNDAY OCTOBER 24th 1:30-4:00 pm (\$40)



Panther Youth Basketball



Sign-Up Form

Player Name: _____ Grade: _____ School: _____

Address: _____ ZIP: _____ Birth date: _____

Home Phone: _____ Email Address: _____

Mother (Guardian): _____ Work Phone: _____ Cell Phone: _____

Father (Guardian): _____ Work Phone: _____ Cell Phone: _____

- Enclose Payment of \$60 for Grades K-1 Developmental League (\$30 if on lunch program(attach))
 Enclose Payment of \$85 for Grades 2-6 In-House Recreational Lge (\$50 if on lunch program(attach))
 Enclose Payment of \$150 for Grades 3-6 Travel Program (\$90 if on lunch program (attach))

Please note a refund for the difference will be issued to those placed back into In-house after Tryouts

- Uniform Size (Please circle)

Youth Small
(6-8)

Youth Medium
(10-12)

Youth Large
(14-16)

Adult Small

Adult Medium

Adult Large

Adult X-L

Adult XXL

- Coach Mitchell Skills Clinic

_____ Sunday Oct. 24th 1:30-4:00pm \$50

- Release of Liability

I hereby acknowledge that, like any competitive sport, basketball carries with it the risk of injury up to and including death. With this understanding I hereby specifically release the Panther Youth Sports Authority, members of its Board of Directors, staff and volunteers and the Metropolitan School District of Washington, members of its Board of Education, administration, staff and volunteers from any loss, cost, claim, injury, damage or liability, sustained or incurred by participation of my child _____ in any activity of the Panther Youth Sports Authority, including, but not limited to, transportation to and from practice and games, practice itself and games, themselves., which is caused by an act of omission, whether negligent, intentional or otherwise.

X _____ Date: _____

Volunteer Info: Please indicate your willingness to serve any of the following areas:

Head Coach: _____ Assistant Coach: _____ Team Mom: _____

Sponsor Info: My Company is interested in being a league sponsor (\$300-500)

Company: _____ Contact Name: _____ Phone: _____

PLEASE SEND FORM ALONG WITH PAYMENT (Checks to 'Panther Basketball')

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SIGN-UP ONLINE AT WWW.PANTHERBASKETBALL.COM