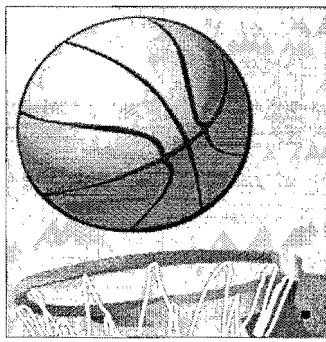


2018-19
HOUSY HOOPS
REGION ONE YOUTH BASKETBALL PROGRAM



The Housy Hoops travel basketball program was established to provide an opportunity for those players who wanted to participate in a basketball program that is more competitive than their town's recreational program. The Housy Hoops travel teams are open to players in Region One. **TRYOUTS ARE REQUIRED FOR PLAYERS TO PARTICIPATE. TRYOUTS WILL BE SCHEDULED THE WEEKEND OF NOVEMBER 10TH AND 11TH** exact time and site will be announced. Any player that is not rostered on the Housy Hoops team at the end of the tryout process will have their registration fee returned and automatically be rostered on their town's recreation basketball team. For further information, please contact Matt Mette at 860 364-1400 or email sharon.rec.ctr@snet.net.

TO REGISTER FOR TRYOUTS PLEASE COMPLETE THE REGISTRATION FORM ON THE BACK OF THIS NOTICE AND RETURN WITH PAYMENT TO:

**HOUSY HOOPS
C/O SHARON REC
BOX 385, SHARON, CT 06069**

THE DEADLINE TO REGISTER IS NOVEMBER 2, 2018.

ROYALS – girls in 7th and 8th grades. Play in the Northwestern Connecticut Girls' Basketball League. Home games are played at Housatonic Valley Regional High School on Sundays. \$100/player payable to Housy Hoops (will be returned if player is not rostered after tryouts)

RT44- SR. DIV. - boys in 7th and 8th grades. Play in the RT44 league. Home games played at Housatonic Valley Regional High School on Sundays. \$50/player payable to Housy Hoops (will be returned if player is not rostered after tryouts)

RT44 – JR. DIV. - boys in 5th and 6th grades. Play in the RT44 league. Home games played at a regional center school on Saturdays. \$50/player payable to Housy Hoops (will be returned if player is not rostered after tryouts)

**2018-19
HOUSY HOOPS
REGION ONE YOUTH BASKETBALL PROGRAM**

Player's Name: _____
Address: _____
City: _____ State: _____
Telephone: _____ Date of Birth: _____
Student's Grade: _____ Email: _____
Parents Names: Father - _____ Mother - _____

I/We the parents/guardians of the above named participant for the Housy Hoops program, do hereby give my/our permission to participate in any and all activities relating to the Housy Hoops program.

I/We know that by participating in a sport program there may be injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons transporting my\our child to and from activities for any claims arising out of any injury to my/our child.

I/We agree to return the uniform loaned to the participant for the season to the individual in charge of the team at the conclusion of the season.

I/We will furnish any and all documents necessary to verify the age and information provided as requested.

As a parent/guardian, I/We will endeavor to assist with transportation, coaching, officiating, or in any manner to further assist the program.

Parent/Guardian Signature: _____ Date: _____

_____ Date: _____

Please indicate any physical limitations your child may have. (allergies, hearing, sight, etc.)

Name of Person/Persons to notify in case of an emergency:

Name: _____ Relation: _____ Phone: _____

Family Doctor/Hospital: _____

Additional Information you may feel that we need to know: _____

SEND TO – HOUSY HOOPS C/O SHARON REC, BOX 385, SHARON 06069

REGISTRATION DEADLINE IS NOVEMBER 2, 2018