



Seward Girls Youth Basketball

1st – 6th Grade



- ▷ **New participant FEE:** \$50.00 (New participant needs jersey, or does not have one from last year)
- ▷ **Returning participant FEE:** \$40.00 (Returning participant, has jersey from last year)
- ▷ **Mail:** Registrations to P.O. Box 38 / Seward, Nebraska
- ▷ **Drop off:** 142 North 7th Street / Seward, Nebraska *(Please put in drop box located in front of the building)*
 - *Make checks payable to City of Seward*
- ▷ **Online:** <https://cityofsewardne.gov/boys-youth-basketball-registration-form/>

DEADLINE: October 9th

This developmental basketball program is in coordination with Seward high school coaches and players. The Seward High school coaches and players will be conducting the clinic and help run the league games. The league will consist of a (2) two-week clinic followed by (4) four weeks of game play. Players will be divided into teams based on skill level and age group. **Parent coaches are needed** for league play (not clinic) so please volunteer if you can. Each participant will receive a reversible basketball jersey and all basketballs will be provided.

Dates:

- October 22nd – Clinic (4:00pm – 5:00pm / 1st – 3rd) (5:15pm – 6:30pm / 4th – 6th)
- October 29th – Clinic (4:00pm – 5:00pm / 1st – 3rd) (5:15pm – 6:30pm / 4th – 6th)
- November 5th – League games (3:00pm – 4:00pm / 1st – 3rd) (4:15pm – 5:30pm / 4th – 6th)
- November 12th - League games (3:00pm – 4:00pm / 1st – 3rd) (4:15pm – 5:30pm / 4th – 6th)
- November 19th - League games (3:00pm – 4:00pm / 1st – 3rd) (4:15pm – 5:30pm / 4th – 6th)
- November 26th - League games (3:00pm – 4:00pm / 1st – 3rd) (4:15pm – 5:30pm / 4th – 6th)

Location: Seward Middle School

Player Name _____ Age (now) _____

Address _____ Grade (now) _____

Town _____ Zip _____ Phone _____

Email (print clearly) _____

Are you willing to coach (Please circle) YES NO (Coaches will receive half off-registration fee)

Jersey Size: Extra Small Small Medium Large Adult Small Adult Medium

If you have a jersey from last year, please do not circle a jersey size

Skill Level – (1) Beginner (2) Intermediate (3) Advanced _____ (Please write number of child’s skill level)

PERMISSION TO PARTICIPATE

I (we) release the City of Seward Parks and Recreation Department and all of its coaches from all claims on account of any injuries which may be sustained by my child while participating in any city sponsored activity. If medical attention is required for injury or illness, I give my permission for such medical care. I give the Parks/Recreation Dept. my consent to take and use photographs of my child during these recreational activities.

Signature by adult parent/guardian

Date (dd/mm/yy)