



Seward Boys 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/>

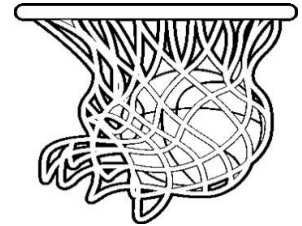
DEADLINE: October 14th

The Seward Boys Youth Basketball league will be run in coordination with the Seward Youth Basketball Academy and Seward High School coaches and players. The Seward High school coaches and players will be conducting the clinic and help run the operation of league games. The league will consist of a (2) two-week skills clinic followed by (4) four weeks of game play. **Parent coaches in grade levels are needed and are vital to the success of the program.**

This year, grade level coaches will be provided gym space, starting Oct. 21st, to practice (2) times a week) to help with the organization and development of teams for league play. Grade level practice times and locations are TBD based on participation and volunteer coach numbers per class. Each grade level will practice together. Each participant will receive a reversible basketball jersey, and all basketballs will be provided.

Dates:

- October 19th – Clinic (8am – 9:15am / 4th – 6th) (9:30am – 11:00am / 1st – 3rd)**
- October 26th – Clinic (8am – 9:15am / 4th – 6th) (9:30am – 11:00am / 1st – 3rd)**
- November 2nd – League games (Saturday morning, time TBD)**
- November 9th - League games (Saturday morning, time TBD)**
- November 16th - League games (Saturday morning, time TBD)**
- November 23rd - League games (Saturday morning, time TBD)**



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 a free registration)

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 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
(dd/mm/yy)

Date