

CLEARWATER RECREATION COMMISSION



LITTLE INDIANS YOUTH BASKETBALL

Clearwater/Haysville/Mulvane will be offering a joint youth basketball league this year. Games will be played in all three towns.

Age/Division:

3 year old – Kindergarten ----- Instructional Clinic
 *1st/ 2nd grade ----- Coed/Full Court
 3rd/4th grade ----- Boys and Girls/Full Court
 5th/6th grade ----- Boys and Girls/Full Court



*1st/2nd Grade teams only play in Clearwater.

In case we do not get enough teams, we may combine with another town.

Eligibility: Age/Grade as of August 2020

Head Coaches: Sign your child up for FREE!

3 year old – Kindergarten (Instructional program only, no games are played)

*** 3 & 4 year olds will have a **parent/guardian** on the floor with their young player and assist them as they are instructed by the leader.

Registration Fee: \$15/child

Dates: November 3, 10, 17 Location: Clearwater Middle School gym

Times: **6:00 p.m. - 6:30 p.m. (3&4 year olds)** **6:30 p.m. – 7:00 p.m. (Kindergarten)**



1st-6th Grades (Basketball League)

Registration Fee: \$35/child Game Locations: Clearwater/Haysville/Mulvane

Game Dates: Dec. 5, 12, 19 & Jan. 9, 16, 23 (No activity Nov. 23 – Nov. 29 & Dec. 20 – Jan. 4)

Registration Deadline: Wednesday, October 7, 2020

\$10 late fee after deadline (late fee DOES NOT guarantee spot on a team)

Player Name _____ Age/Grade _____

Mailing Address _____ City _____

Parent(s) Name _____ Phone _____

Email Address _____

Male _____ Female _____ Shirt size: 6/8 10/12 14/16 ASmall AMedium ALarge

I WOULD LIKE TO VOLUNTEER AS: HEAD COACH _____ ASSISTANT COACH _____

Participation Waiver

We, or I, as parent and/or legal guardian of the participant named above, hereby give consent for my minor child to participate in this program and all other activities incidental thereto, including practice, actual participation, being a spectator thereto, and any incidental travel connected with the activity. I further agree to assume full responsibility in case of any accidental injury incurred while participating in the activity. By enrolling, I waive and release all rights and claims arising from this activity against Clearwater Recreation Commission, the City of Clearwater, USD #264, its representatives, successors and coaches from injury, illness and accident resulting in participation in this program.

Parent/Guardian Signature _____

Date _____

REGISTRATION DEADLINE: October 7, 2020

SUBMIT FORM WITH PAYMENT TO:
CLEARWATER RECREATION OFFICE
 109 E. Ross (in Clearwater Public Library)



Check # _____ Cash _____ Amount Paid _____ Date _____

