

Louisa County Parks & Recreation

BASKETBALL

Pee Wee Basketball Program For Boys and Girls ages 5 and 6

This program is available to all boys and girls ages 5 and 6 (must turn 5 and not 7 on or before January 1, 2012). Teams will practice for 30 minutes and then play a 10-minute game. Registration deadline is September 30. The coaches' meeting will be held on Thursday, October 13 at 7:30 p.m.

at the Betty Queen Center.

Oct 29 Sat BQC 9am \$35/\$30



Boys' & Girls' Basketball League For Ages 7 & 8

This program is available to boys and girls who will turn 7 and not 9 on or before March 1, 2012. Registration deadline is September 30. Coaches' meeting will be held on Thursday, October 13 at 7:30 p.m. at the Betty Queen Center. Games will be scheduled on Tuesday or Thursday evenings and/or Saturday mornings at the Middle School or the Betty Queen Center. Game time will depend on game location.

Oct 29 S/T/Th LCMS/BQC \$40/\$35

Girls' Basketball League For Ages 9-11

Basketball for girls who will turn 9 and not 12 on or before March 1, 2012. This basketball league is open to the first 80 participants who register AND pay prior to the September 30 deadline. Player evaluations will be held on Thursday, October 13 at 6:30 p.m., at the Betty Queen Center and the coaches meeting will be directly afterwards. Games will be scheduled on Tuesday or Thursday evenings and/or Saturday mornings at the Middle School or the Betty Queen Center.

Game time will depend on game location.

Oct 29 S/T/Th LCMS/BQC \$40/\$35

****Late registrations will only be accepted if teams are short of players and shirts have not been ordered. There will be a \$10 late fee for any and all registrations received after September 30th.****

		<h2 style="margin: 0;">PARTICIPANT REGISTRATION FORM</h2> <p style="margin: 0;">Mail this form to:</p> <p style="margin: 0;">LOUISA COUNTY PARKS & RECREATION P.O. Box 864\Louisa, VA 23093 (540) 967-4420</p>							
MAILING ADDRESS _____		Home Phone _____		CITY _____		ZIP _____		Work Phone _____	
Email Address: _____		School Attends _____		<p><small>The Louisa County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Louisa County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.</small></p>					
Signature Parent/Guardian/Participant _____		Print Name - Parent/Guardian/Participant _____				Date _____			

For more information call 540.967.4420 or visit us online at www.LCPR.info