

Louisa County Parks & Recreation

BASKETBALL

Boys' Basketball League For Ages 9 & 10

This program is available to boys who will turn 9 and not 11 on or before March 1, 2012. Learn the basic fundamentals in this league designed for fun, sportsmanship, and learning. The coaches meeting will be held on Thursday, January 5 at 7:30 p.m. at the Betty Queen Center. **Registration Deadline December 16th!**

Jan 28 Sat/Tue/Thur LCMS/BQC \$40
 \$5 discount for immediate siblings in 9/10 and 11/12 boys basketball.



Boys' Basketball League For Ages 11 & 12

Basketball for boys who will turn 11 and not 13 on or before March 1, 2012. Improve skills in this league designed for sportsmanship, fun, low-level competitiveness, and learning. Player evaluations will be held on Thursday, January 5 at 6:00 p.m. at the Betty Queen Center. Coaches meeting Thursday Jan 5 at 7:30 p.m. **Registration Deadline December 16th!**

Jan 28 Sat/Tue/Thur LCMS/BQC \$40
 \$5 discount for immediate siblings in 9/10 and 11/12 boys basketball.



****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 December 16.****



PARTICIPANT REGISTRATION FORM

Mail this form to:

LOUISA COUNTY PARKS & RECREATION
 P.O. Box 864\Louisa, VA 23093 (540) 967-4420



Participant Name		Male/ Female	Birthdate MM/DD/YY	Age	T-Shirt Size	Program Name	Start Date	Fee
First	Last							
					Youth S M L Adult S M L X			
					Youth S M L Adult S M L X			

MAILING ADDRESS _____ Home Phone _____
 CITY _____ ZIP _____ Work Phone _____
 Email Address: _____ School Attends _____

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.

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