

Louisa County Parks & Recreation



BASKETBALL



Boys' Basketball

League For Ages 13-15

This program is available to boys who will turn 13 and not 16 on or before March 1, 2012. Continue to learn the basic fundamentals in this league designed for fun, sportsmanship, and learning. The coaches meeting will be held on Saturday, February 18 at 9:00 a.m. at the Betty Queen Center.

Registration Deadline January 27th!

Mar 3 Sat/Tue/Thur LCMS/BQC \$40

\$5 discount for immediate siblings in 13/15 boys or 12/14 girls basketball.

Girls' Basketball

League For Ages 12-14

This program is available to girls who will turn 12 and not 15 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, February 16 at 6:30 p.m. at the Betty Queen Center.

Registration Deadline January 27th!

Mar 3 Sat/Tue/Thur LCMS/BQC \$40

\$5 discount for immediate siblings in 13/15 boys or 12/14 girls basketball.

We reserve the right to combine both leagues if participation is low.
****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 January 27 deadline.****

****VOLUNTEER COACHES NEEDED****



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