**HOW DO I SIGN UP?**

Bring this form filled out to:

**Hanover Baptist Church**

**151 W. Main St.**

**Hanover, IN 47243**

**812-866-3073**

**http://hanoverbaptist.com**

**Evaluations and Sign-ups:**

Everyone must attend one of the basketball evaluation days at Hanover Baptist Church.

Monday, December 10, 2018

Between 6:00 P.M. and 8:00 P.M.

Tuesday, December 11, 2018

Between 6:00 P.M. and 8:00 P.M.

**Registration Information:**

Early registration cost per child is **$35.00** (includes shirt & award)

***After January 14, 2019 cost is $45.00***

**League Schedule:**

Practices begin immediately after evaluations. (Coaches will call with times and dates)

\*First Game – Sat. February 2, 2019

\*Last Game – Sat. March 9, 2019

\* Date Subject to change

**For More Information:**

Director:

Brad Warren 812-599-0831

***Age Group Divisions***



Preschool - 3yr to Kindergarten\*\*

Kindergarten-1st Grade

2nd -3rd Grade

4th-5th Grade Boys

4th-5th Grade Girls

Middle School\*\*

(6th-8th)

High School\*\*

\*\* These divisions will available if there are enough to sign up before the late deadline.

**Requests to be placed on specific teams may not be honored.**

1998-2019

Over 20 years of exciting basketball at

Hanover Baptist Church

2019 Student Basketball League

Payment: *(after January 14, 2019)*

Player Fee: $\_\_\_\_\_\_\_\_\_\_ + Late Fee: $\_\_\_\_\_\_\_\_\_ = Total: $\_\_\_\_\_\_\_\_\_\_

Would you be willing to provide a $35.00 scholarship for a player in need? \_\_\_\_\_\_\_\_\_

Shirt Size: (circle one)

YS YM YL

AS AM AL AXL A2X A3X

**EVALUATIONS: (COACHES USE ONLY)**

**Dribbling 1 2 3 4 Passing 1 2 3 4**

**Shooting 1 2 3 4 Height \_\_\_\_\_\_\_\_\_\_\_**

FOR OFFICE USE ONLY

PAID AMOUNT

PAYMENT TYPE

**I am aware that, in activities, accidents and injuries are possible. I understand that in the case of a serious injury or illness, I give permission for medical or hospital care for my child. I also release Hanover Baptist Athletics and Hanover Baptist Church, its officers, servants and volunteers of liability that may occur while on their property.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent signature is required in order to play)**

**Parent Signature Date**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_\_ Female\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Additional Phone (Cell) ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/ Special Instruction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2019 HBA Student Basketball League Registration Form**