



Sheboygan South Junior Redwings Boys Basketball Program 2017/2018 Season

The Sheboygan South Boys Jr. Redwings Basketball program is a youth basketball organization that enables boys in 4th - 8th grade the opportunity to be on competitive traveling basketball teams. The goal of the program is to learn proper sports skills and techniques in an atmosphere where good sportsmanship, ethics, teamwork, fun, enjoyment and competitiveness are stressed. **The program, which is intended for those planning to attend Sheboygan South High School in the future, is the “official feeder program” for Sheboygan South High School and will be an extension of the Sheboygan South High School Boys Basketball program.** It is the intent of the Junior Redwings to offer an increased opportunity for players to gain experience playing competitive basketball. Players participating in this program will be able to take part in many competitive basketball games in league and tournament settings.

Practice will begin at the end of October with League/Tournament play beginning the first week of November continuing until the end of February. Most teams continue playing a tournament only schedule in the month of March/early April. Practice time will vary at the beginning of the season but players can expect a minimum of two practices per week, plus games. With the introduction of middle school sports 7th and 8th grade practices may be reduced to one per week in November and December.

It is the intent of the program to play in at least four (4) tournaments between November and February and three (3) additional tournaments in March/early April. Specific team schedules and participation in tournaments will be decided on a team by team basis considering the dynamics of each team, player and parent participation and coach. Teams can play in additional tournaments at the player's expense.

The Junior Redwings strive to be a “no cut” program. It has been our experience however, that a roster size of 10 players is ideal. Therefore, rosters will be limited to 10 – 12 players per team with player selection at the coaches/Varsity Head Coach's discretion based upon basketball skills, athletic ability and basketball potential as determined at the evaluation session. When the numbers allow multiple teams will be formed. All players not eligible to participate will be forwarded to the Recreation Department or YMCA for registration.

Cost per Player: \$125

Player evaluation/registration will be held at the South High Acuity Fieldhouse on Sunday October 1st at the following times (if necessary):

6th & 7th Grade: 11:00 – 12:30

4th, 5th, & 8th Grade: 12:45 – 2:15

Attendance is not mandatory but is strongly encouraged for new players. **Please wear a shirt with a number or name on for the evaluation session to assist in identifying players.**

Please complete the attached registration form with registration fee and return it to the South High School Activity Office by **September 15th, 2017**. Fees will be refunded for players not selected for a team.

If you have any questions or would like additional information, please feel free to email us at ileonhard75@gmail.com or jgonia3@gmail.com

League Description:

NWBBL: Northeast WI Boys Basketball League. The Junior Redwings 4th-8th grade teams will play in the NWBBL. Each Saturday of the season, two games will be played. Game locations can be within and outside of Sheboygan County. Usually Green Bay-area is the north limit and Sheboygan County is the south limit, with many locations in between. Players are responsible for their own transportation. Games are refereed by WIAA officials.



JUNIOR REDWINGS BOYS BASKETBALL PROGRAM REGISTRATION FORM for 2017/2018 season

GRADES 4 - 8

Player's Name _____ Home Phone _____ 2017/2018 Grade _____

Address _____ City _____ Zip _____

School _____ Birth date: _____ Age _____

Basketball Experience (years) _____ **Level** _____

Uniform Size (circle one)

Jersey Size: (YOUTH) YM YL YXL (ADULT) S M L XL

Short Size: (YOUTH) YM YL YXL (ADULT) S M L XL

Physician/Phone#: _____ Dentist/Phone #: _____

Primary Insurance Provider _____ Policy/Group #: _____

Father's Name(or Guardian) _____ Phone _____

Mother's Name(or Guardian) _____ Phone _____

Email address (REQUIRED) _____

Emergency Contact _____ Phone _____

List any health restrictions, medical problems, and/or activities that might conflict with basketball games/practices:

Known allergies of this player, including any allergies to medicine: _____

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature of Parent/Guardian _____ Date _____

YES! I'm interested in acting as **Head Coach** **Assistant Coach** **Volunteering**

(Name, if selecting head/assistant coach) _____

As of 2017/2018 season, all Head and Assistant coaches are subject to a background check