

SACRED HEART NORTH QUINCY YOUTH BASKETBALL

2018/2019 REGISTRATION – 30 YEARS OF BASKETBALL IN QUINCY!

REGISTRATION OPEN TO ALL GIRLS & BOYS IN GRADES K-12 (AGES 5-18) – ALL ARE WELCOME

AGES 5-7 (Grades K-2) will play one hour a week of fun oriented instructional basketball usually on Saturday mornings or afternoons. GRADES 3-12 will practice once a week (M-F) & will play a schedule of games mostly on Saturday afternoons at NQHS.

Travel teams are also available and will be selected from most age groups, travel basketball will involve an additional fee.

Instructional - Ages 5-7 (grades K-2)	\$75
House League- Ages 8-18 (grades 3-12)	\$125
Maximum payment for one family	\$250

KEY DATES – SKILLS SESSIONS – SKILLS ARE WALK-IN REGISTRATION

SKILLS - Sundays at North Quincy High – 9/16, 9/23, 9/30, 10/7 – COST \$20

Grades 3-5 - 6-7:30p & Grades 6-8 – 7:30p-9:00p

HOUSE BASKETBALL SEASON WILL START IN NOVEMBER

WALK-IN AND REGISTER FOR SKILLS & THE SEASON OVER THE NEXT 4 SUNDAYS.

Red/White reversible uniform shirts if needed can be purchased at season start \$20

NO CHILD WILL BE TURNED AWAY FOR FINANCIAL REASONS

Please complete a registration form for each child. **Payments can be made in cash or check payable to Sacred Heart Basketball.**
44 Stedman St, Quincy, Ma. 02169. Web Site - <http://www.sacredheartquincybasketball.com/>

If you have any questions, please contact Mark Jaehnig email mcsports7@gmail.com or Mike Healy email – mahealy44@gmail.com

REGISTRATION FORM

Circle one: **MALE / FEMALE**

CHILD NAME _____ DOB ____/____/____

EMAIL (PRIMARY) _____

EMAIL (SECONDARY) _____

CHILD SCHOOL _____ GRADE (Sept 2018) _____

ADDRESS _____ ZIP _____ PHONE # _____

ALTERNATE /EMERGENCY CONTACT - NAME _____ PHONE # _____

IS THIS CHILD COVERED BY HEALTH INSURANCE? Y N INSURANCE CO _____

We can always use help with the program: ____ Coach/ Assistant Coach ____ Referee ____ Gym supervision

I understand that Sacred Heart Church, the program directors, coaches, and any other volunteers are not responsible for any injuries, lost property or damages sustained by my child while participating in Sacred Heart Basketball.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Amount paid \$ _____ Cash / Check # _____