

HENDERSON ABA BASKETBALL APPLICATION 2010

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4TH & 5TH GRADE SCHOOL-BASED SEASON

NO student is allowed to tryout if the application is not received before tryouts.

Applications due- September 8, 2010

In order to be eligible to participate in any post season tournament games, players are not allowed to miss any games or practices- fall break is the exception to this rule. If your child is involved in other activities that will conflict with ABA, they should not tryout.

ABA School-Based Season is operated by volunteers- not the schools. Parents are responsible to get their child to games and practices and help work games and concessions. Parents should offer positive support to coaches, players and officials.

Basketball Tryouts: will be held 3 days the week beginning September 27, 2010. The times and days of tryouts will be determined by the coach and announced at school. Twelve players will be chosen for each team, and the teams will be announced at the end of tryout week.

1st game: October 16. Season will continue through November 21. Students will play two times a week during the regular season, usually one weeknight and Saturday. Students are only eligible to play at the school where they tried out. To tryout for a team, a player must be officially registered at that school. To be eligible a student must be 11 or younger before 8-1-10. Students can play ball and cheer if they make both teams.

Cut here and return the bottom portion to the school office.

BASKETBALL APPLICATION
DUE: Wednesday, September 8

NAME (first) _____ (last) _____ GRADE _____

ADDRESS _____

SCHOOL _____

BOY _____ GIRL _____ AGE AS OF 8-1-10 _____ DATE OF BIRTH _____
Month Date Year of Birth

Phone _____ (please list the best number to contact parent) E Mail _____

Mothers Name _____ Phone (cell or work) _____

Fathers Name _____ Phone (cell or work) _____

A recent physical is recommended. There is no league physician, and it is the responsibility of the parent or guardian to obtain the exam. ABA does not provide health insurance; it is the parents/guardians responsibility to carry insurance in case of accident or injury.

I, the undersigned, verify that my child is physically fit to participate in Henderson ABA basketball or cheerleading. We agree not to hold ABA Basketball or anyone associated with it responsible in case of accident or injury.

Insurance Company _____ Policy # _____

Signature of parent/guardian _____

Date _____

By signing this application, I agree that my child will not miss games or practices to participate in other activities.

PRINCIPAL: Please initial if you feel this child has shown success and effort in his/her attitude and class work and would be a positive representative of your school and the ABA Basketball School-Based Program. _____

