# SPYA Basketball 2012-2013

SPYA Office Location: 315 129<sup>th</sup> St S Tacoma, WA 98444 Phone Number: 253-298-3026 Email: jluckman@fpschools.org Fax Number: 253-536-1905 NEW Website: www.summitparklandsports.org

## **Registration Info**

Forms will be accepted now through October 31st via mail or at the SPYA Office. Cash or check payment is needed with a completed form for each player.

Divisions Offered	<u>FPSD Residents</u>	<u>Out-of-District</u>
4 yrs. –Kind. Coed	\$40.00	\$45.00
1 <sup>st</sup> -2 <sup>nd</sup> Grade Coed	\$45.00	\$50.00
3 <sup>rd</sup> -4 <sup>th</sup> Grade Girls Recreational	\$55.00	\$60.00
3 <sup>rd</sup> -4 <sup>th</sup> Grade Girls Competitive	\$55.00	\$60.00
3 <sup>rd</sup> -4 <sup>th</sup> Grade Boys Recreational	\$55.00	\$60.00
3 <sup>rd</sup> -4 <sup>th</sup> Grade Boys Competitive	\$55.00	\$60.00
5 <sup>th</sup> -6 <sup>th</sup> Grade Girls Recreational	\$60.00	\$65.00
5 <sup>th</sup> -6 <sup>th</sup> Grade Girls Competitive	\$60.00	\$65.00
5 <sup>th</sup> -6 <sup>th</sup> Grade Boys Recreational	\$60.00	\$65.00
5 <sup>th</sup> -6 <sup>th</sup> Grade Boys Competitive	\$60.00	\$65.00

#### **Division Information**

Differing divisions (Competitive/Recreational) in the 3-4 grades and 5-6 grades is dependent upon the number of sign-ups and/or teams. A minimum of 6 teams for each division is necessary – otherwise teams will be placed in one division.

#### **Practices**

Teams will begin practicing in mid-November at Franklin Pierce School District gymnasiums. Each team will practice 1-2 times per week until Winter Break.

## <u>Games</u>

Games will begin by the second week of January and conclude by the end of February. All games will be on weeknights at Franklin Pierce School District gyms. The 4 year to Kindergarten division will play 8 games; all other divisions will play 10 league games.

## Volunteer Coaches Needed!

# **SPYA BASKETBALL REGISTRATION FORM 2012-2013**

*Please Return to SPYA Office* 315 129<sup>th</sup> St S Tacoma, WA 98444 (253)298-3026

PLAYER NAME:	AGE:	BIRTHDATE:			
ADDRESS:	СІТУ:	ZIP:			
PARENT/GUARDIAN NAME:	HOME #:	WORK/CELL #:			
SCHOOL:	GRADE:	GENDER:			
EMAIL:					
I WISH TO PLAY ON THE SAME TEAM AS (FRIEND): I WISH TO PLAY FOR (COACH):					

Please circle the division you wish to participate in:

<b>4 yrs old-K</b> \$40 in FP distr	<b>indergarten</b> ict/\$45 out	Coed	1 <sup>st</sup> -2 <sup>nd</sup> Grade Coed \$45 in FP district/\$50 out	3 <sup>rd</sup> -4 <sup>th</sup> Grade Girl Recreational \$55 in FP district/\$60 or	<b>Competitive</b> (Teams Only)
<b>3<sup>rd</sup>-4<sup>th</sup> Grad</b> <b>Recreation</b> \$55 in FP distr	al		3 <sup>rd</sup> -4 <sup>th</sup> Grade Boys Competitive (Teams Only) \$55 in FP district/\$60 out	5 <sup>th</sup> -6 <sup>th</sup> Grade Girls Recreational \$60 in FP district/\$65 ou	<b>Competitive</b> (Teams Only)
5 <sup>th</sup> -6 <sup>th</sup> Grade Boys Recreational \$60 in FP district/\$65 out		<b>5<sup>th</sup>-6<sup>th</sup> Grade Boys</b> <b>Competitive (Teams Only)</b> \$60 in FP district/\$65 out			
<u>T-Shirt Size (please circle)</u>			in (please circle)		
Youth S	М	L		Coaching	Assistant Coaching
Adult S	М	L	XL	Officiating	Other

As the parent/legal guardian of the participant, I understand the Summit-Parkland Youth Association (SPYA) will not be responsible for any injuries my child may suffer while playing or practicing sports. I agree to hold SPYA, its employees, agents, representatives, coaches, and volunteers harmless from any and all losses and liabilities which may arise in connection with my child's participation in any SPYA activity, and authorize the association and its employee/consultants or agents to provide emergency medical treatment for my child on my behalf. To the best of my knowledge, my child has no physical or other condition, which would interfere with his/her participation.

Participant's Name	Parent/Guardian Signature	Date
OFFICE USE ONLY: Amt. Pd	Cash Check# Staff Initials	