2023 Tri-City Basketball League Deadline Friday, December 15, 2023

3 on 3 Basketball League 2nd & 3rd Grade Division **COED Boys & Girls**

The 3-on-3 youth basketball program is designed to develop individual skills and basic fundamentals of the game, but in a team setting by placing fewer players on the court at one time. Games begin in mid January.



5 on 5 Basketball League 4th, 5th & 6th Grade Division COED Boys & Girls

The 5 on 5 youth basketball program is designed to develop individual skills and basic fundamentals of the game. Games begin in mid January.

- Games are played at East Alton Keasler Complex or Roxana Community Gym. Games will be played on week nights and Saturdays. No team registrations.
- **Free Throw Competition**: Each participant receives 5 free throws prior to each of their regular scheduled games. Awards will be given to 1st and 2nd place winners in their league:
- **Includes:** 10 game schedule, free throw competition, shoot-out and league shirts

Fee: \$50 (A \$5 late fee will be added after the deadline; Friday, December 15, 2023) Register at: Rox-Arena in Roxana Park, 2 Park Drive, Roxana IL 62084 Questions? Please call 618-254-7485 Also, sign up ONLINE at signupville.com/eastalton

The success of our programs is dependent upon Volunteer Coaches:

Would you be a(n): Coach Yes No Assistant Yes No Mandatory for all coaches & assistants to fill out a coaches background check. This is for the safety of our children.

| Circle t-shirt | Youth Size: | YS(6-8) | YM(10-12) | YL(14-16) | Adult Size: | AS | AM | AL | AXL |
|----------------------------|-------------|--------------------|---|--|--------------------------------|-------------|------------|----------|-------------|
| DIVISION The Tri-City A | gencies are | DID Y responsib | OU PLAY LAS ⁻ Ile for determi | T YEAR? IF YES , ning which rost | , WHICH TEA er a child is p | M placed | on, not Co | oaches c | or Parents! |
| CHILD'S NAM | E | | | | M | / F | Height_ | | |
| ADDRESS | | | | | PHONE | | | | |
| SCHOOL ATT | | | | GRADE_ | D.O.B_ | / | / | _ AGE_ | |
| EMAIL ADDRE | ESS | | | | | | | | |
| ANY MEDICAL | | IS? | | | | | | | |
| EMERGENCY | CONTACT | | | _PHONE | | RELAT | | | |
| | | | | | | | | | |

I, the undersigned parent or legal guardian of the above named child, do agree to abide by the Parents Code of Ethics. I do hereby consent and agree that the above named minor may participate in the Tri-City basketball program. I understand and acknowledge that there are certain risks of physical injury associated with my child's participation in the above named program which may occur through no fault of any volunteer, participant, employee, or officer of the Tri-City Recreation League or any other sponsor or party. Photos taken at event could be used for advertisement. If you do not want your child's photo posted please let the staff know.

| Parent Signature | Date | | | | |
|------------------------|-------------------------------|--------------------|--|--|--|
| OFFICE USE ONLY: DATE: | AMOUNT PAID | RECEIVED BY | | | |
| OUESTIONS? Call 618- | 254-7485 or Check our website | www.rovananark.org | | | |