

St. Elizabeth Basketball Registration Info

MAJOR CHANGES MANDATED BY THE ARCHDIOCESE OF NEWARK

Students in grades 3 through 8 are invited to participate in the school basketball program. SES will have separate boys and girls teams in the 3/4, 5/6, and 7/8 grade divisions in the Bergen County C.Y.O. league. Teams in the league will be slotted according to skill level and playing experience. Our teams will be selected based on competitive ability and most importantly safety. Boys and girls of all basketball ability are welcome and encouraged to register. There are appropriate divisions for all to enjoy a safe and fun basketball season. There will be NO CUTS. Every player that wants to play will play! To adequately evaluate all of the players we will be conducting player assessments in early October. Each age group will have 2 time slots for evaluation and if a player wants to be considered for the higher level division attendance at one of these is required. (If you miss both there will still be a team to play on) All teams will have 1-2 practices and games a week with practice beginning in late October and the playoffs ending in mid to late March.

Players and their parents must complete the registration form included in this e-brown envelope, and return them to the school office, attention basketball. Please include a \$125 check made payable to "St. Elizabeth HSA" for the first player in your family. For additional players in the family, the cost is \$115.

The deadline for registering is 10/5. There will be a parent meeting on 10/4 at 7pm in the cafeteria to discuss the major changes. PARENTS ARE STRONGLY ENCOURAGED TO ATTEND as there are many details to cover.

Any questions please feel free to reach out to one of our directors:

Larry Gubler Will Lukang Matt Neyland

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St. Elizabeth School Basketball Registration Form

2018-2019 Season

*****Player Section*****

Player Name _____

Gender M _____ F _____

Grade _____ Competitive Basketball Team Experiences:

(Travel, AAU) _____

Home Telephone Number _____

Parent Contact Email(s) _____

****Return This Form With Registration Fee****

*****Please note there will be player and parent code of conduct forms that must be signed before student/athletes are permitted to participate*****

*****Coach Volunteer Section*****

Name _____

Check If Willing to be Head or Assistant Coach _____

Check if Willing to be Assistant Coach Only _____

Cell Phone Number _____

Email _____

Have You Taken Protecting God's Children? Yes _____ No _____

Have Rutgers Safety Course Yes _____ No _____

Have Certification for CPR/AED Yes _____ No _____

Have Up To Date Parish Background Check Yes _____ No _____

*****Please note there will be coaches code of conduct forms that must be signed before coaches are permitted to participate*****