

# 2018 Maroa Forsyth Boys/Girls Youth Basketball League



The Maroa Forsyth Basketball program will be hosting a youth basketball league at Forsyth Grade School. Boys and girls in grades Kindergarten through 3rd grade will have the opportunity to participate. This will be an opportunity for your child to learn the game of basketball while having fun.

**When:** A practice session will be held November 3rd at Forsyth Grade School. Kindergarten and 1st graders will be from 8:00 am to 9:00 am. 2nd and 3rd graders will then follow from 9:15 am to 10:15 am. This will serve as an opportunity for us to figure out teams and do some fun basketball activities.

**Cost:** One child- \$30; Two children from the same immediate family- \$50; Three children from the same immediate family- \$70. Please make checks payable to "MFHS"

**Divisions:** All games will be played at Forsyth Grade School  
K/1st Grade Teams will always play at 8:00 am  
2nd/3rd Grade Teams will always play at 9:00 am

*\*\*Players should wear a t-shirt, athletic shorts, socks, and gym shoes to the first practice. Players will receive their game shirts the day of the first game.*

Game dates are as follows

Saturday 11/10/18

Saturday 11/17/18

Saturday 12/1/18

Saturday 12/8/18

Saturday 12/15/18

Saturday 12/22/18

Please fill out the attached registration form, attach the appropriate payment and **return it to the Maroa-Forsyth High School of Grade School office or mail it to: Maroa-Forsyth High School attn: Blake Reynolds, 610 W. Washington St. Maroa IL 61756 by November 1st.** If you have any questions please contact Coach Blake Reynolds at [blake.reynolds@mfschools.net](mailto:blake.reynolds@mfschools.net)

# 2018 Maroa Forsyth Boys/Girls Youth Basketball League Registration Form

**FORMS ARE DUE NOVEMBER 1ST**

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Shirt Size: Circle One**

YS                  YM                  YL                  YXL

ADULT S          ADULT M          ADULT L          ADULT XL

Parent Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**Would you be interested in coaching a team? Y/N**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

"I hereby authorize the director of the league to act for me to their best judgement in any emergency requiring medical attention for my child or ward. Also, I hereby waive and release the camp director, staff, and the Maroa-Forsyth School district from any and all injuries and or illnesses incurred while at camp. I hereby warrant that my child or ward is in good physical condition and is capable of participating in the Trojan Youth Basketball League and all of its activities."

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_