SOLEBURY TOWNSHIP
PARKS and RECREATION BASKETBALL
3092 Sugan Road P.O. Box139
Solebury, PA 18963
Ofc: 215-297-5702 Fax: 215-297-8402
soleburyparks@soleburytwp.org

Solebury
a natural choice
PARKS & RECREATION DEPARTMENT

SOLEBURY BASKETBALL - TRAVEL TEAM TRYOUT SCHEDULE 2026

OPEN TO ALL PLAYERS, MALE& FEMALE, PLAYING IN THE INTER-COUNTY BASKETBALL ASSOCIATION

BOYS DIVISION

8 YRS OLD / 3rd GRADE BOYS - COACH JOSH BRINKLEY
Sept 22 at 5:30 p.m. / Oct 6 at 5:30 p.m.

9 YRS OLD / 4th GRADE BOYS - COACH RICKIE YUDIN
Sept 29 at 7:00 p.m. / Oct 15 at 7:00 p.m.

10 YRS OLD / 5th GRADE BOYS - COACH JAMES STRIZKI
Sept 30 at 7:30 p.m. / Oct 5 at 7:30 p.m.

11 YRS OLD / 6th GRADE BOYS - COACH DAVID PHILLIPS
Oct 7 at 7:00 p.m. / Oct 12 at 7:30 p.m.

12 YRS OLD / 7th GRADE BOYS - COACH KEITH DEUSSING
Sept 23 at 7:30 p.m. / Sept 28 at 6:00 p.m.

GIRLS DIVISION

9 YRS OLD / 4th GRADE GIRLS - COACH LOU PERSICHETTI
Oct 5 at 6:00 p.m. / Oct 14 at 6:00 p.m.

10 YRS OLD / 5th GRADE GIRLS - COACH CHRIS SINCAVAGE
Sept 18 at 6:00 p.m. / Sept 30 at 6:00 p.m.

11 YRS OLD / 6th GRADE GIRLS - COACH PASCAL BLANCHETTE
Sept 23 at 6:00 p.m. / Oct 7 at 6:00 p.m.

12-13 YRS OLD / 7th & 8th GRADE GIRLS - COACH BRIAN WOODS
Sept 29 at 6:00 p.m. / Oct 1 at 7:00 p.m. / Oct 7 at 8:00 p.m.

TRYOUTS ARE HELD AT THE NHSD UPPER ELEMENTARY SCHOOL GYM (UES), 180 WEST BRIDGE STREET, NEW HOPE, PA. PLEASE BRING YOUR BASKETBALL TO THE TRYOUTS

The Travel Registration Form must be completed & signed and brought to the tryout. You must bring a copy of your Birth Certificate (unless you played on a team last year).

NO FEE IS DUE UNTIL THE TEAM SELECTIONS ARE ANNOUNCED BY THE HEAD COACH

THESE TRYOUTS ARE FOR TRAVEL TEAM PLAY ONLY **(NOT INTRAMURALS).** *PRACTICES BEGIN IN OCTOBER. REGULAR SEASON GAMES BEGIN IN MID-DECEMBER AND CONTINUE TO THE END OF FEBRUARY WITH AT LEAST 2 to 3 GAMES & PRACTICES PER WEEK, HOME AND AWAY, WEEKNIGHTS, SATURDAYS & SUNDAYS. LEAGUE PLAYOFFS FOLLOW AT THE END OF THE REGULAR SEASON AND CONTINUE WITH CHAMPIONSHIP ROUNDS THROUGH LATE MARCH.*

AGE DETERMINATION IS BASED ON THE PLAYER'S AGE ON AUGUST 1st OF CURRENT YEAR

THIS PROGRAM TAKES PLACE ON NEW HOPE-SOLEBURY SCHOOL DISTRICT PROPERTY

CONTACTS: ANNELISE DAHLIN
RECREATION PROGRAM COORDINATOR
DUDLEY RICE
DIRECTOR of PARKS & RECREATION
215-297-5702 or 5656 (Parks & Recreation Office)
email: adahlin@soleburytwp.org / drice@soleburytwp.org
website: www.soleburytwp.org/sports-programs

Please Scan QR Code & Complete Tryout Survey!

Survey lets coaches know how many players to expect at each tryout date, so they can plan accordingly.

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TRAVEL BASKETBALL REGISTRATIONFORM– 2026/27SEASON

Last Name _____ First Name _____Gender _____

Address _____City _____ State ___ Zip _____

Birth Date _____ *Age on Aug 1, 2026 _____ School_____

Mother _____Phone_____ Father_____ Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Medical Insurance IsNOT Provided By Either Solebury Township Orthe ICBABasketball League
Insurance Company _____ Policy No. _____
Known allergies or medication _____

REGISTRATION FEES: *TEAMS ARE BASED ON PLAYER'S AGE & GRADE AS OF AUGUST 1, 2025

O 8 YR OLD / 3rd GRD TEAM…..$260
O 9 YR OLD / 4th GRD TEAM…..$260
O 10 YR OLD / 5th GRD TEAM…..$260
O11 YR OLD / 6th GRD TEAM…..$260
O12 YR OLD / 7th GRD TEAM…..$260
O 13 YR OLD / 8th GRD TEAM…..$260

THISFORM MUST BE COMPLETED INORDERTO TRYOUT,PRACTICE OR PLAY ON A TRAVEL TEAM. A COPY OF YOUR BIRTH CERTIFICATE IS REQUIRED IN ORDER TO PARTICIPATE ONCE SELECTED UNLESS YOUWERE A MEMBEROF THE TRAVEL TEAM LASTSEASON ANDONE IS ON FILEALREADY.

No feeis dueuntiltheteam hasbeen selected and you are notified byyour Coach.
Included in these fees are the costs for the ICBA League entry fees, referees, facilities, etc.
UNIFORMAND OTHER COSTS ARE SEPARATE FROMTHIS FEE AS DETERMINEDBY YOURCOACH.
Make checks payable to "SOLEBURY TOWNSHIP" and deliver to your team's Coach. **DONOTMAIL IT.**
(A $45 service fee is assessed on all returned checks from your bank for any reason)
PROGRAMPOLICY: CHILDRENARE ASSIGNEDTOA TEAM FOLLOWINGATRYOUT AND/OR SELECTION PROCESS BY THE TRAVEL TEAM COACH. SOLEBURY RESERVES THE RIGHT TO REFUND FEES FOR ANY REASON INCLUDING INSUFFICIENT NUMBER OF COACHES OR VOLUNTEERS AND/OR AN INSUFFICIENT NUMBER OF PLAYERS.
MEDICAL AND EMERGENCY TREATMENT AUTHORIZATION:

I hereby give my permission for Solebury Township and/or League personnel to arrange for transport to the appropriate medical facility and authorize emergency treatment as necessary by a Physician or trained medical personnel for illness or injury my child / myself has incurred while participating in a Solebury Township Sports Program. I understand that I will be notified of the need for emergency transport or treatment, and if not available, treatment deemed necessary will be authorized.

SPORTS, FIELD TRIP, ACTIVITY AUTHORIZATION WAIVER AND GENERAL RELEASE:
I, in consideration of myself / my child being permitted to participate in a SOLEBURY TOWNSHIP recreational program, on behalf of myself and / or my child (children), our heirs, personal representatives and assigns hereby release SOLEBURY TOWNSHIP, BUCKS CO., PA, its Supervisors, agents, employees, officers, successors and assigns from all liability, actions, suits, and claims, including but not limited to, wrongful death, personal injury, negligence, and intentional torts, and hereby waive all such claims which may be raised by me, my child, my heirs, personal representatives or assigns.

I am fully aware of and appreciate the risks, including the risks of disease, COVID 19 and its variants, catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a public sports event. I agree on behalf of myself, my heirs and personal representatives, that SOLEBURY TOWNSHIP, the host organization and the sponsor or sponsors with respect to a Covered Event, together with coaches, officials, volunteers, employees, agents, officers and directors of the host organization and any such sponsors shall not be held liable for any injury, loss of life or other loss or damage as a result of myself, my child, participation in a Covered Event. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of its organization as a condition to their participation in such organization's youth sports events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such youth sports league shall constitute the host organization for such Covered Events.

PARENT/GUARDIAN SIGNATURE_____ DATE:_____