

SOLEBURY TOWNSHIP
PARKS and RECREATION BASKETBALL
3092 Sungan Road P.O. Box 139
Solebury, PA 18963
Ofc: 215-297-5702 Fax: 215-297-8402
soleburyparks@soleburytpw.org



SOLEBURY BASKETBALL - TRAVEL TEAM TRYOUT SCHEDULE 2023/24

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



BOYS DIVISION

9 YRS OLD / 4th GRADE BOYS - COACH JOSH BRINKLEY
Sept 19 at 6:00 p.m. / Sept 21 at 6:00 p.m. (UES Gym)

11 YRS OLD / 6th GRADE BOYS - COACH MEGHAN CAVANAUGH
Sept 22 at 6:00 p.m. / Sept 26 at 6:00 p.m. (UES Gym)

12 YRS OLD / 7th GRADE BOYS - COACH JEFF KEARNEY
Sept 19 at 7:30 p.m. / Sept 21 at 7:30 p.m. (UES Gym)

GIRLS DIVISION

11 YRS OLD / 6th GRADE GIRLS - COACH FRANK SPADAVECCHIA
Sept 27 at 6:00 p.m. / October 2 at 6:00 p.m. (UES Gym)

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

THE REGISTRATION FORM MUST BE COMPLETED AND BROUGHT WITH YOU TO THE TRYOUTS, ALONG WITH A COPY OF YOUR BIRTH CERTIFICATE.

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 or 3 GAMES/PRACTICES PER WEEK, HOME AND AWAY, WEEKNIGHTS, SATURDAYS & SUNDAYS. LEAGUE PLAYOFFS FOLLOW THE END OF THE REGULAR SEASON AND CONTINUE WITH CHAMPIONSHIP ROUNDS THROUGH MARCH.

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

QUESTIONS:

CONTACT DUDLEY RICE, DIRECTOR of PARKS & RECREATION

215-297-5702 (Parks & Recreation Office)

email: soleburyparks@soleburytpw.org

website: <https://www.soleburytpw.org/parks-recreation/pages/sports-programs>

THIS PROGRAM TAKES PLACE ON NH-S SCHOOL DISTRICT PROPERTY USING THE SCHOOL GYMS

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TRAVEL BASKETBALL REGISTRATION FORM – 2023/24 SEASON

Last Name _____ First Name _____ Gender _____
Address _____ City _____ State ____ Zip _____
Birth Date _____ *Age on Aug 1, 2023 _____ School _____
Mother _____ Phone _____ Father _____ Phone _____
Email Address _____
Emergency Contact _____ Phone _____

Medical Insurance Is NOT Provided By Either Solebury Township Or the ICBA Basketball League
Insurance Company _____ Policy No. _____
Known allergies or medication _____

REGISTRATION FEES: *TEAMS ARE BASED ON PLAYER'S AGE & GRADE AS OF AUGUST 1, 2023

- 8 YR OLD / 3rd GRD TEAM.....\$240
- 9 YR OLD / 4th GRD TEAM.....\$240
- 10 YR OLD / 5th GRD TEAM.....\$240
- 11 YR OLD / 6th GRD TEAM.....\$240
- 12 YR OLD / 7th GRD TEAM.....\$240
- 13 YR OLD / 8th GRD TEAM.....\$240

THIS FORM MUST BE COMPLETED IN ORDER TO TRYOUT, PRACTICE OR PLAY ON A TRAVEL TEAM. A COPY OF YOUR BIRTH CERTIFICATE IS REQUIRED IN ORDER TO PARTICIPATE ONCE SELECTED.

No fee is due until the team has been selected and you are notified by your Coach.
Included in these fees are the costs for the ICBA League entry fees, referees, facilities, etc.
UNIFORM AND OTHER COSTS ARE SEPARATE FROM THIS FEE AS DETERMINED BY YOUR COACH.
Make checks payable to "SOLEBURY BASKETBALL" and deliver to your team's Coach. **DO NOT MAIL.**
(A \$45 service fee is assessed for all returned checks from your bank for any reason)

PROGRAM POLICY: CHILDREN ARE ASSIGNED TO A TEAM FOLLOWING A TRYOUT 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, 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: _____