

26TH ANNUAL

BULLDOG YOUTH BASKETBALL LEAGUE



Pre-K - Kindergarten
1st-2nd Grades
3rd-4th Grades
5th-6th Grades

SKILLS SESSIONS/ REGISTRATION

Register in-person at New Albany High School between 9-11 a.m. on the following dates.

- Saturday, Oct. 14
- Saturday, Oct. 21

Skills sessions open to all registered players. Skill sessions will run 9:30 - 11:00

GAMES

Participants will play two games per night between the hours of 4-8 p.m. on three Sundays with a tournament on week 4.

Week 1: Sun, Oct. 29
Week 2: Sun, Nov. 5
Week 3: Sun, Nov. 12
Tournament: Sun, Nov. 19

COST

\$75 per player: Participants will receive a t-shirt, hours of instruction and games. Participants will be invited to attend a New Albany home basketball game.

Mail to: NAHS
Attn: Jason Jones
1020 Vincennes St.
New Albany, IN 47150

LOCATIONS

Practices and games will be held at New Albany High School and Hazelwood Middle School.

PRACTICES

Monday, Oct. 16 6:30-8 p.m.
Wednesday, Oct. 18 6:30-8 p.m.
Monday, Oct. 23 6:30-8 p.m.

BENEFITS OF 3 ON 3

- INCREASED PLAYER INVOLVEMENT
- MORE TOUCHES ON BALL
- BETTER DECISION MAKING
- IMPROVED TEAMWORK
- INCREASED SHOT OPPORTUNITIES
- ENHANCED INDIVIDUAL CREATIVITY





BULLDOG YOUTH BASKETBALL LEAGUE

PLAYER INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Cell: _____ Alternate cell: _____
Email: _____ Age: _____ Birthdate: _____
School: _____ Current grade: _____
Parent Interested in Coaching? (circle) Yes No If yes, Name: _____
Shirt Size: (circle) Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

WAIVER AND RELEASE OF LIABILITY

My child has permission to attend and participate in the New Albany High School Bulldog Youth Basketball League. I have no knowledge of any physical impairment that would affect or be affected by my child's participation in this league. I specifically waive and release the New Albany High Schools boys' basketball coaching staff, the New Albany-Floyd County Consolidated School Corporation and New Albany High School of liability for any injuries that may occur as a result of this league.

PARENT/GUARDIAN SIGNATURE: _____

EMERGENCY PHONE: _____

Return this registration form and payment to:

New Albany High School
Attn: Coach Jason Jones
1020 Vincennes Street
New Albany, IN 47150

Checks payable to:

Bulldog Youth Basketball League

For more information, contact Head Coach Jason Jones.

jjones5@nafcs.org

STAFF USE ONLY:

Date Received:
Check Number:
Check Amount: