



2020-21 TC Freeze Hoops Elementary Basketball REGISTRATION

This is for all students grades K-6 interested in elementary basketball program

REGISTRATION SHEET ATTACHED- There is a registration sheet attached & covid waiver to be completed and **returned to the school** along with the participation fee **DUE BY: Jan 14th**

Undoubtedly this season will look different due to Covid-19, but this year we will have a greater emphasis on skill development. Freeze Hoops will not be hosting or taking part in any tournament but hoping to schedule some possible scrimmages versus some local schools for 3-6th grade.

All FEEs have been lowered this year due to the modified season.
This covers the cost of a t-shirt or jersey and other expenses of the program.

FEE: K-2nd \$25 3-6th \$40 Family Fee: \$100 max

Please make checks to “**Freeze Hoops**”. All 4-6 graders should have a jersey from last year. If you have lost yours or the numbers are coming off, please let me know. Anyone **NEW** to playing or if you are a 3rd grader you will receive a jersey and a t-shirt.

Questions please contact Jonathan Pearson @ 218-436-2494 nsmi@wiktel.com

PRACTICE INFO:

Practice schedule will also be emailed to you and posted on the Freeze Hoops FB page. Practice times are subject to change due to unforeseen circumstances and the ever changing Covid-19 situation.

COVID RULES/POLICIES:

See attached sheet for COVID rules/policies on practice schedule.

****Fill out the attached covid waiver and send back with your registration. Can not participate until these forms are filled out and turned back in****

COMMUNICATION:



TC FREEZE ELEMENTARY HOOPS

REGISTRATION FORM

Players Name _____ **Print Clearly**

Birth Date: ___/___/___
MM DD YYYY

Circle One: Male Female

Circle Current Grade: K 1st 2nd 3rd 4th 5th 6th

T-Shirt (included with fee): YXS, YS, YM, YL, YXL, AdS, AdM, AdL, AXL___

Jersey Size: (NEW players or 3rd Graders only circle one below also)

YXS, YS, YM, YL_____

Guardian #1
Name: _____

Guardian #2
Name: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail Address: _____

E-mail Address: _____

Please read the information below, check the appropriate line, and sign.

I HEREBY GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FREEZE HOOPS BASKETBALL PROGRAM AND ASSUME ALL RISK ASSOCIATED WITH PARTICIPATION. (Check one and sign below.)

_____ **My child and Parent(s) agree to abide by the Freeze Hoops Handbook/Rules.**

_____ **I CERTIFY THAT MY CHILD IS ADEQUATELY COVERED BY INSURANCE.**

_____ **THIS IS TO CERTIFY THAT WE DO NOT HAVE INSURANCE BUT WILL ALLOW MY CHILD TO PARTICIPATE IN THE ABOVE PROGRAM AND HEREBY ASSUME ALL LEGAL RESPONSIBILITY AND LIABILITY FOR INJURIES OR ACCIDENTS ARISING THEREFROM.**

Please list any medical conditions your child has that the coaches need to be aware of.

Signature of Parent/Guardian: _____

Date: _____

**Please make checks payable to:
Freeze Hoops**

Fees:
Registration Fee Grades K-2 **\$25**
Registration Fee Grades 3-6 **\$40**
Registration Family Fee: **\$100**

Total amount enclosed: _____

Payment Method: CASH _____ or CHECK # _____

Please return this form to your school's office **Jan.14th or BEFORE** in a sealed envelope **marked "Elementary BB Registration "JP""**

