



# ALL-VALLEY BASKETBALL PROGRAM

## 2022

**Questions? Call 406-381-1785 or email [allvalleybasketball@gmail.com](mailto:allvalleybasketball@gmail.com) ALL INFORMATION ON THIS FORM IS VERY IMPORTANT, PLEASE READ IT CAREFULLY BEFORE SUBMITTING!!**

### **Mission Statement:**

It is the mission of All-Valley Basketball Program (AVBP) to provide and promote a safe, recreational basketball program for the youth of the Bitterroot Valley. To this end, AVBP encourages good sportsmanship, developing strong playing skills, and promoting friendly relationships among the players, coaches, referees and parents.

### **Basic Information:**

- AVBP is open to any child, grades 1st-6th, in the Bitterroot Valley (Sula to Florence).
- A code of conduct must be signed by every participant, and followed, for continued participation.
- Following school district procedures, all coaches will be background checked at the expense of the program. If you have any knowledge of basketball, please sign up as a volunteer coach! We greatly appreciate it, thank you!
- Grade Divisions: Co-ed 1<sup>st</sup>/2<sup>nd</sup> (8' Baskets & Basketball size 27.5"), Girls 3<sup>rd</sup>/4<sup>th</sup>, Boys 3<sup>rd</sup>/4<sup>th</sup>, Girls 5<sup>th</sup>/6<sup>th</sup>, Boys 5<sup>th</sup>/6<sup>th</sup>(10' Baskets & Basketball size 28.5")
- On top of your registration form you can write the name of a preferred coach and/or the name of a friend that your child would like to play with this year. However, these requests will not be guaranteed. Before placing a name on top of the form, please be sure that the person will be participating in the All Valley Basketball program. If there are more than 4-5+ players asking for the same coach/team, then I will assume that there is already an existing team and everyone will be split up. There is no stacking of teams! Thank you in advance for your understanding!

### **Schedule:**

- Practice Begins: Week of January 3rd (@ least 1 hr. of practice 1 evening/week, set by coach @ your school)
- Coaches will contact each team member about your scheduled practice time & provide a game schedule prior to Jan. 3, 2022. Please provide an email as this is how you'll be contacted.
- First Game: Saturday, January 15th & Final Game: Saturday, February 12<sup>th</sup>. All games are in Hamilton at Daly Elementary and Hamilton Middle School on Saturdays (for 5 weekends).

### **Cost:**

- **\$60 Registration – Due by mailing in to address below by November 26, 2021 (Send it in today, so you don't forget and so your child is able to be placed on a team, they fill up fast!)**
  - Participants receive placement on a team (if available), team t-shirt, and picture taken, if desired.
  - \$25 Late Registration Fee will be applied between Nov. 27<sup>th</sup> & Dec. 3<sup>rd</sup>. **THERE WILL BE NO REGISTRATIONS ACCEPTED AFTER DECEMBER 3, 2021.**
- Please make checks payable to: HHS FFE
- Scholarships are available, but they are limited, and it's a first come, first served basis until Nov.26, 2021. If you need a scholarship, please contact Karin today at: [kmelnarik@gmail.com](mailto:kmelnarik@gmail.com) for more information.
- Note: No scholarships will be given after the November 26, 2021, deadline.
- **Please mail in your completed registration form, with payment, to: (DO NOT TAKE TO YOUR SCHOOL)**  
*All-Valley Basketball  
PO Box 1744  
Hamilton, MT 59840*
- Coaches will contact you once teams have been formed to inform you of practice times.

*Not a school sponsored event*



# ALL-VALLEY BASKETBALL PROGRAM 2022

## REGISTRATION FORM

(PLEASE PRINT CAREFULLY, SO THAT WE CAN READ IT! THANK YOU!)

Student First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (M/F) \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-Shirt: (Please circle one) Youth S M L Adult S M L XL

### Guardian Information

Name: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Best Method of Contact: Text \_\_\_\_\_ Phone \_\_\_\_\_ \*Email (required) \_\_\_\_\_

**\*Please mark if you are willing to: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_** Shirt size: **ADULT: S M L XL 2XL 3XL**

**Note:** If we don't have enough coaches, it is possible that your child will not have a team to play on.

Please, if you know basketball and are willing to coach, please sign up. Thank you!

### Permission

As the parent or legal guardian of \_\_\_\_\_, I hereby give permission for my child to participate in the All-Valley Basketball Program sponsored by the Hamilton School District. In consideration of the district's agreement to allow my child to participate in the referenced program, I agree to accept responsibility for any loss, damage, or injury to my child that occurs during my child's participation in this program that is not the result of fraud, willful injury to a person or property or the willful violation of a law by a trustee, employee or agent of the All-Valley Basketball Program.

*By signing below, I am stating that I have read and understand the above.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Medical Release

I hereby authorize the staff of the All-Valley Basketball Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by licensed medical personnel. Staff and/or coaches will NOT medicate children. Parents/guardians are ENTIRELY responsible for medications and for personally arranging for or insuring the proper and timely medicating of their child.

Initial: \_\_\_\_\_

### Picture Release

For internal and external use, I acknowledge that the All-Valley Basketball Program and/or its sponsors may utilize film, print, and digital images of a student or a family, which may be taken during involvement in the All-Valley Basketball Program activities. I consent to such uses & hereby waive all rights to compensation.

Initial: \_\_\_\_\_

Not a school sponsored event

<p><i>For Office Use Only:</i>  Reg. Fee Paid: _____ Ck#/Cash: _____  Recorded By: _____</p>
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