



SUMMER BASKETBALL LEAGUE



DIRECTOR: COACH MARK WALSH

HEAD BOYS BASKETBALL COACH SETON LASALLE HIGH SCHOOL

WHAT: 9th Annual South Hills Summer Basketball League

WHO: Boys Grades 3rd to 8th grade Fall 2018 (Any boy from any school district)

WHEN: June 13th through July 21st 2018 Wednesday Nights and Saturday Mornings

WHERE: Seton LaSalle HS Gymnasium *** (No games July 4th and July 11th)

1000 McNeilly Road

Pittsburgh, PA 15226 Registration Deadline Postmarked by May 21st.

COST: \$80.00 per player

YOU will get email confirmation of your registration.

<p>Important Info: Score will not be kept. Referee will keep times for subs. <u>Equal playing time.</u></p> <p>League Game Times: Wednesdays 6pm, 7pm and 8pm Saturdays 10:30am, 11:30am and 12:30pm</p>	<p>Coach Mark Walsh will run a developmental basketball league for boys entering Grades 3-8, 2018.</p> <p>3 Divisions Grades 3-4 Grades 5-6 Grades 7-8</p>	<p>Players will sign up individually by sending in their application. Players will be placed on teams with rosters sent/emailed out. <u>Players will play an 8 game schedule.</u></p>
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QUESTIONS COACH WALSH CALL/TEXT (412) 979-2913 or coachmrwalsh@gmail.com

Cost = \$80.00 per player Make Checks Payable To: Mark Walsh
 Mail Check / App. To: Coach Mark Walsh 4605 West Brightview Avenue Pgh, PA 15227

----- DETACH AND SEND IN -----2018 Summer League Application -----DETACH AND SEND IN-----

NAME _____ ADDRESS _____

CITY _____ ZIP _____ PARENT CELL PHONE () _____

GRADE (FALL 2018) _____ SCHOOL _____ E-MAIL ADDRESS _____

DIVISION: PLEASE CHECK ONE (Fall 2018) _____ 3rd-4th _____ 5th- 6th _____ 7th - 8th

TRUE JERSEY SIZE: ___YM ___YL ___YXL ___AD. SM. ___AD. MED. ___AD. L

***** REVERSIBLE MESH JERSEYS ARE TRUE TO SIZE "DO NOT SIZE UP"!

PARENT/GUARDIAN: I/WE APPROVE OF MY/OUR SON'S ATTENDANCE AT THE SUMMER BASKETBALL LEAGUE AND CERTIFY THAT HE IS IN GOOD HEALTH AND ABLE TO PARTAKE IN THE PROGRAMS ACTIVITIES. I / WE AUTHORIZE THE DIRECTORS TO ACT FOR ME / US ACCORDING TO THEIR BEST JUDGMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION FOR WHICH SERVICES I / WE WILL GLADLY PAY. I / WE HEREBY WAIVE AND RELEASE SETON LASALLE HS AND COACH MARK WALSH AND THE BASKETBALL LEAGUES DIRECTORS, ASSISTANT DIRECTORS, INSTRUCTORS, ASSISTANT INSTRUCTORS, COACHES / REFEREES OR STAFF FROM ANY AND ALL LIABILITY.

PARENT SIGNATURE _____ DATE _____