



SPRING BASKETBALL LEAGUE



DIRECTOR: COACH MARK WALSH

HEAD BOYS BASKETBALL COACH SETON LASALLE HIGH SCHOOL

WHAT: Basketball League at Seton LaSalle High School

WHO: Boys in Grades 3rd to 8th grade

WHEN: Sundays April 7th, 14th, 21st and April 28th

WHERE: Seton LaSalle HS Gym 1000 McNeilly Road Pittsburgh PA. 15226

COST: \$50.00 per player

DEADLINE TO ENROLL: Postmarked by Thursday March 21st

<p>Important Info: Score will not be kept. Referee will keep times for subs. Equal playing time. <u>League Game Times:</u> Sundays 5pm,6pm and 7pm Times can vary for each group</p>	<p>Coach Mark Walsh will run a basketball league for boys in Grades 3RD TO 8th. 3 Divisions Grades 3-4 Grades 5-6 Grades 7-8</p>	<p>Players will sign up. Players will be placed on teams with rosters/schedule emailed out. <u>Players will play a 4 game schedule. One game per Sunday dates listed above.</u> <u>No practices.</u></p>
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QUESTIONS COACH WALSH (412) 979-2913 or coachmrwalsh@gmail.com

Cost = \$50.00 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 -----2024 Spring League Application -----DETACH AND SEND IN-----

NAME _____ ADDRESS _____
CITY _____ ZIP _____ PHONE (____) _____
GRADE _____ SCHOOL _____ EMAIL ADDRESS _____
DIVISION: PLEASE CHECK ONE _____ 3RD-4TH _____ 5TH- 6TH _____ 7TH - 8TH

JERSEY SIZE: ___ YL ___ YXL ___ AD. SM. ___ AD. MED. ___ AD. L

***** REVERSIBLE MESH JERSEYS They run larger than T-shirts. 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 HIGH SCHOOL AND COACH MARK WALSH AND THE BASKETBALL LEAGUES DIRECTORS, ASSISTANT DIRECTORS, INSTRUCTORS, ASSISTANT INSTRUCTORS, COACHES / REFEREES OR STAFF FROM ANY AND ALL LIABILITY.

SIGNATURE _____ DATE _____ SIGNATURE _____ DATE _____

2024 SPRING LEAGUE APPLICATION DATE RECEIVED _____ CHECK # _____

PLEASE PLACE ME ON THE SAME TEAM AS MY FRIEND (\$) _____