



NEW LONDON

GIRLS • YOUTH • BASKETBALL



- Who:** Girls grades 3rd through 8th
- When:** In-Person Registration: Sunday, September 18, 2022 at New London High School 5PM
There will be a brief parent meeting and a skills event for the girls.
- Mail-In Registration: Deadline is Friday, September 23, 2022

Program Details

The 2022 season will begin practice in mid October for all age levels, coaches will send out team emails once we have a date confirmed. Teams will practice 1-2 times per week. (See attached Practice Schedule.) Teams will participate in either tournaments or round robin style events starting in November with the season wrapping up between February - April depending on age level of the team. The organization provides competitive play for girls in grades 3-8. This program focuses on both team and individual development. Teams will play in weekend tournaments in and around Northeast Wisconsin. The number of tournaments will be determined by grade level.

Uniforms

All girls participating will need a uniform. The uniform has not changed from last year. All grade levels will wear the same uniform, therefore, athletes can utilize the same jersey and shorts year after year, size permitting. Sample uniforms for sizing will be available at registration. Player cost is \$40 for the top and \$40 for the shorts.

NEW -- VOLUNTEER FEE \$100

Due to an overwhelming need to have positions filled on the NLGYBA board, parent representatives by grade, volunteer concession hours filled; we are incorporating the following incentives to try to encourage parents to join us. This year we are incorporating a **\$100 Volunteer Fee that will be in addition to the Registration Fee. The \$100 Volunteer Fee is due at Registration and needs to be a separate check.** Once volunteer requirements are met, checks will be returned at the end of the season within two weeks after our last home tournament. If they are not met, we will not be refunding the check.

- **Coach or Board Member:** Volunteer Fee is waived. Free registration and shirt.
- **Parent Representative:** ½ off Registration Fee is waived and shirt. Each grade is required to have a parent representative. They will need to attend board meetings and be available for concessions for 6 hours on tournament weekends.
 - Please email nlygyba@gmail.com prior to registration so we know what positions you are interested in. Currently we have a long time vacancy for President, Treasurer and all parent representative positions by grade are open. This is a great year to join as you will be able to learn as the season progresses from our current board president and treasurer.
 - Please join our team; we need your help to continue to grow our girls program!

Volunteer Requirements

The NLGYBA sponsors multiple tournaments throughout the season. The success of tournaments is highly dependent upon our parent volunteers. These tournaments are one or two day events, taking place on Saturday and/or Sunday. Your family is expected to sign up to volunteer for 3 shifts per player for each home tournament they are participating in. Options include concessions, admissions, set-up, or clean-up. As the tournament nears, volunteer sign-up will occur on a first-come, first-serve basis via online registration.

Waivers & Masks

Each athlete must have on file with the association a Medical Liability waiver (attached below). Athletes may also be required to wear masks at events if host school deems necessary. Note that as CDC and/or NLSD guidelines change this policy may be modified in the future.



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Grade: _____

Player Name: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Address: _____

Emergency Contact: _____

Phone: _____

I am interested in being a:

- Coach** -- Volunteer Fee is waived. Free registration and shirt.
- Board Member** -- Volunteer Fee is waived. Free registration and shirt.
- Parent Representative** -- ½ off Registration Fee is waived and shirt.

• Parent Name _____ Shirt Size _____

Jersey Number: _____
(cannot use #s 6, 7, 8, 9)

Secondary Choice: _____

Jersey Size: (Circle if needed) **YS YM YL AS AM AL AXL**

Shorts Size: (Circle if needed) **YS YM YL AS AM AL AXL**

Warm-Up Shirt Size: (Circle)
(provided by organization) **YS YM YL YXL AS AM AL AXL**

Registration: \$50

Jersey: \$40

Shorts: \$40

Total: _____ Check # _____ Cash

Volunteer Fee: \$100 Check # _____

Mail form and fee to:
NLGYBA
PO Box 145
New London, WI 54961

In Person Registration / Uniform Try-On:
Sunday, September 18, 2022
New London High School



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Liability Form must be signed and returned to coach before first practice:

Player Name: _____

Grade: _____

LIABILITY INFORMATION

You should be aware that basketball involves an element of risk or danger for all participants and may cause serious injury, death or property loss. The New London Girls Youth Basketball Association does not provide nor cover medical or hospital insurance for participants in our program. All persons participating in NLGYBA activities must provide their own insurance and assume risk for all injuries.

As the parent/guardian for the name above, I hereby give consent for her to receive medical treatment and also agree to indemnify and hold harmless the New London Girls Youth Basketball Association, its executive board, employees, agents, and coaching staff from any and all losses, claims, costs, expenses and/or judgments rising in any manner from the participant in any New London Girls Youth Basketball Association event. I accept full financial responsibility for liability and cost of treatment for any injury/illness.

In case of an accident/illness, ***list*** any conditions/medications which medical personnel must know in order to render emergency treatment:

I have read and understand the liability information above:

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I have read and understand the NLGYBA Code of Conduct and Concussion Fact Sheet for Athletes and Parents (www.newlondongirlsbasketball.com):

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Medical Condition(s):

