

# **BANKS COUNTY LITTLE LADY LEOPARD**

## **FALL BASKETBALL INSTRUCTIONAL LEAGUE**

The Banks County Lady Leopard Basketball Program will conduct an **INSTRUCTIONAL** Fall Basketball League for girls in grades 5, 6, and 7.

The Banks County Lady Leopard coaching staff and players will coach and supervise the teams.

Players will receive 4 practice sessions, 5 games, and 3 practice/game combination. Players will also receive a two sided numbered practice jersey with the BC Logo. Players will be recognized at halftime of the Lady Leopard Game vs. Commerce on December 11.

Players will work on the fundamentals of basketball. Players will also be instructed in the basic principles of man to man defense as well as the fundamental layers of the Read and React Offense.

Practices and games will be held at the BCHS Gym. The cost of the league is \$50.00 for Banks County students and \$70.00 for out of county students. Participates **MUST PROVIDE PROOF OF MEDICAL INSURANCE.**

Practices will be held: **August 25** at 6:00 and 7:00 pm, **August 29** at 10:00 and 11:00 am, **August 31** at 6:00 and 7:00 pm, and **September 3** at 6:00 and 7:00 pm.

Games *only* will be held: **September 8** at 6:00 and 7:00 pm, **September 19** at 10:00 and 11:00 am, **September 28** at 6:00 and 7:00 pm, **October 13** at 6:00 and 7:00 pm, and **October 17** at 10:00 and 11:00 am

Practice and game combination will be held: **September 14** at 5:00 and 6:30 pm, **September 21** at 5:00 and 6:30 pm, and **October 5** at 5:00 and 6:30 pm. (This will consist of a 30 minute practice followed immediately by a full game).

To sign up complete the back of this form and turn in with a check made out to BCHS and a copy of an insurance card or other proof of insurance to the front office at Banks County High School before August 20. If you have questions, please call Coach King at 706-498-5472.

We must have 28 players for the league to make and a maximum of 32.

Players Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Shirt Size(circle one)Youth: small med large Adult: small med large

Parents/Guardian Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phones \_\_\_\_\_

Cell Phones \_\_\_\_\_ Do you coach for the rec program? Yes/No

Emergency Contact Name \_\_\_\_\_

Phones Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Does this player have asthma \_\_\_\_\_ Does she carry an  
inhaler \_\_\_\_\_

Allergies \_\_\_\_\_ Other medical conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of the primary Insured \_\_\_\_\_

By signing below I acknowledge that my daughter has insurance and that I will be responsible for any medical expenses that may be incurred from participation in the Lady Leopard Basketball League. I also release the administration, coaches, players, and Board of Education of the Banks County School System from liability of any injury sustained to my daughter in this league.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_