

**Both Girls and
Boys Leagues**



**Teams based by school
attendance center**

- The Art Sadtler Youth Basketball League is an instructional nonprofit league focused on teaching young athletes the basic fundamentals of the game as well as providing an opportunity for students to experience the joy of participating in team sports.
- Come play with your Kinnikinnick and RMS classmates! Art Sadtler organizes teams based on school attendance centers. Teams play against other teams organized based on school attendance.
- Separate Divisions for:
 - 4th, 5th, and 6th Grade Boys
 - 4th, 5th, and 6th Grade Girls
- League Web Site: www.artsadtler.org
- **Cost:** \$85 for 4th/5th; \$95 for 6th - which includes uniform shirt, 8 league games, season ending tournament
- Registration forms and fees (CHECK ONLY!) can be turned in to Kinnikinnick and RMS offices no later than **Tuesday November 29th**.
- Make checks payable to Art Sadtler Basketball, staple checks to registration form– **PLEASE DO NOT SEND CASH**)
- **Games:** Saturdays at sites in the Roscoe and Rockford area. One Sunday game possible on January 14th.
- **Season:** Games begin in January and end in March with a tournament
- **Practices:** Approx. 2-3 times a week for about an hour and a half at Kinnikinnick or RMS based on gym and coach availability.

Interested in Coaching

Please consider coaching, no experience is needed. The commitment is minimal, practice times and frequency is determined by the coach. Games are only 1 hour on Saturdays. If interested please sign-up on your child's registration form. There will be a mandatory league coach's meeting in early December, please watch the web site (www.artsadtler.com) for more information.

Without a coach there is no team. Please consider coaching.

2024 ART SADTLER BASKETBALL LEAGUE

4/5th Grade Player Registration Form

(Cost is \$85 – make checks payable to Art Sadtler Basketball or as directed by your school)

PLEASE **CLEARLY PRINT** ALL INFORMATION

Name of Player _____ Sex _____ Birth Date _____ Age _____

Address _____
(Street) (City, State, Zip)

Parent/Guardian _____ Phone: _____

School _____ Grade _____

Email Address: _____

Uniform (shirts tend to run smaller):

T-Shirt Size (please circle): Yth Med Yth Lrg Adult Sm Adult Med Adult Lrg Adult XL

Any Allergies or Existing Medical Conditions? Yes No

If Yes, Please Explain _____

Emergency Contact _____ Relationship _____

Phone No. _____

*** Fill-out if interested in coaching ***

Mandatory Coach's Meeting – See www.Artsadtler.org

Please strongly consider helping because without a coach there is no team. Each year schools in our league are forced to cancel teams because no one volunteered to coach. Ultimately this leaves many children without an opportunity to play school basketball. Perhaps you know of a relative who may be willing to coach. - Assistant Coach - Head Coach

Name: _____

Phone Number: _____ Email Address: _____

AGREEMENT:

- 1) I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize members of Art Sadtler Basketball Program to obtain medical treatment for my child in the event that the parent(s) and the emergency contact cannot be reached.
- 2) I support Art Sadtler's Youth Sports Philosophy, which is based on participation, fun, physical fitness, health, skill development, teamwork, fair play and family involvement.
- 3) I will follow all rules and regulations of school and league play and will abide by the coach's choices and decisions.
- 4) Since the Art Sadtler Youth Basketball League is dependent upon volunteers for its success, I will be available for a minimum of 2-3 hours of volunteer service.

Signature of Parent / Guardian

Date

2024 ART SADTLER BASKETBALL LEAGUE

6th Grade Player Registration Form

(Cost is \$95 – make checks payable to Art Sadtler Basketball or as directed by your school)

PLEASE **CLEARLY PRINT** ALL INFORMATION

Name of Player _____ Sex _____ Birth Date _____ Age _____

Address _____
(Street) (City, State, Zip)

Parent/Guardian _____ Phone: _____

School _____ Grade _____

Email Address: _____

Uniform (shirts tend to run smaller):

T-Shirt Size (please circle): Yth Med Yth Lrg Adult Sm Adult Med Adult Lrg Adult XL

Any Allergies or Existing Medical Conditions? Yes No

If Yes, Please Explain _____

Emergency Contact _____ Relationship _____

Phone No. _____

*** Fill-out if interested in coaching ***

Mandatory Coach's Meeting – See www.Artsadtler.org

Please strongly consider helping because without a coach there is no team. Each year schools in our league are forced to cancel teams because no one volunteered to coach. Ultimately this leaves many children without an opportunity to play school basketball. Perhaps you know of a relative who may be willing to coach. - Assistant Coach - Head coach

Name: _____

Phone Number: _____ Email Address: _____

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- 3) I will follow all rules and regulations of school and league play and will abide by the coach's choices and decisions.
- 4) Since the Art Sadtler Youth Basketball League is dependent upon volunteers for its success, I will be available for a minimum of 2-3 hours of volunteer service.

Signature of Parent / Guardian

Date