# LPAA Basketball Registration Girls and Boys Grades 3 through 6



# **Registration Dates and Times**

Where: Pottsgrove Middle School Upper Lobby

Tuesday October 23<sup>rd</sup> 6:30 PM to 8:00PM

Saturday October 27<sup>th</sup> 9:30 AM to 11:30 AM

REGISTRATION FEE HAS INCREASED; WE WILL HAVE PIAA OFFICIALS OFFICIATING FOR EACH GAME!

### **Registration Fees: \$75.00**

\$15 late fee per player for registrations post marked after November 3<sup>rd</sup>. Cash or Checks accepted. Please make checks payable to LPAA. Payment and forms can be mailed to LPAA Basketball, 514 Upland Street, Pottstown PA, 19464.

Players will not be able to participate in practices or games until full payment is received.

# Grades 3<sup>rd</sup> through 6<sup>th</sup>

Group Skills Saturday Nov 10th and Draft Day will be held on Saturday Nov 17th. All times listed below.

Team practices will begin in December; Games will begin on Jan 5<sup>th</sup> and continue into March at the Pottsgrove Middle School

November 10th - Group Skills and Fundamentals / November 17th - Player Draft, Team Selection

Boys Grades 5 & 6 9:00am – 10:30am

Boys Grades 3 & 4 10:45am - 12:15pm

Girls Grades 3 & 4 12:30pm – 1:45pm

Girls Grades 5 & 6 1:45pm – 3:00pm

### **Volunteers Needed**

Coaches are needed at all grade levels. Please see the coach's volunteer form on our web page at www.LPAAbasketball.com. This year coaches (Both head and assistants) will be required to obtain:

PA criminal history check (<a href="https://epatch.state.pa.us/">https://epatch.state.pa.us/</a>) and

Child Abuse Clearance (https://www.compass.state.pa.us/cwis/public/home)

To print out at a registration form and for mail in registration instructions and address, go to www.LPAAbasketball.com. All updates and weather alerts will be post here and on our Facebook page.

# LPAA BASKETBALL

# Girls and Boys Grades 3 through 6 \$75 Registration Fee

Player's	Name:				Grade:
Address	<b>3</b>				
Sex: M_	F	School you atter	nd:		
Jersey S	Size:	YL AS	_ AM AL	AXL	
Significa	ant Past Illne	ss or Injury:			
Guardian Name:					
Guardian Phone:				C:	
Email Address:					
Guardian Name:					
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Player N	lame:				Date:
Parent/G	Guardian Sigi	nature:			
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