

Burrell Elementary Basketball



We are excited to announce that the Elementary Basketball program is back for the 2021-2022 season. This program is sponsored by the Burrell High School Boys and Girls Boosters Organizations. Students in grades 3-6 are welcome to participate. Our season will run from Nov 29, 2021 thru Feb 11, 2022.

Teams will practice once a week in the evenings at Stewart Elementary School. Games will be played on Saturday morning at Huston Middle School.

This program will provide our young athletes with the basic basketball skills (dribbling, shooting, passing and defense) along with opportunities to be part of a team and compete on Saturdays in front of friends and family.

Cost of the program is \$60. Each additional sibling is \$30.

The only way this program can be successful is with an overabundance of positive adult volunteers who want to help provide our young athletes with an opportunity to be active and learn about the game of basketball in a fun and enjoyable environment. If you are interested in helping/volunteering please contact Justin Miller. **Without parent volunteers this league *will not be able to operate*.**

Sign-ups will be in the main entrance of Burrell Senior High School on Tuesday, November 2nd and Thursday, November 4th from 6:00-7:30pm. Cash or checks will be accepted.

If you have any questions please contact Justin Miller at burrell.youth.hoops@gmail.com or 724.334.1483 ext 5023.

**Burrell Elementary Basketball
Sign-up Information**

Name _____

Grade _____ **Boy / Girl**

Parent Name _____

Address _____

Email Address _____

Phone Number _____

Jersey Size **YS** **YM** **YL** **AS** **AM** **AL** **XL**

I, _____, as the Parent or Legal Guardian of the above named student, acknowledge that the participant is assuming a certain risk of being injured and that even with the best coaching, use of protective equipment and strict observance of rules, injuries are still a possibility in organized athletics.

I authorize responsible Burrell Elementary Basketball coaches/volunteers to oversee or provide emergency medical care to my son/daughter in the event of serious injury or in the event the parent/guardian cannot be reached in a timely manner.

Parent Signature

Date

Parent Volunteer Information

Name _____

Phone Number _____

Email Address _____