

**2017 GRAND FORKS SUMMER BOYS BASKETBALL LEAGUES
GRADES 7 – 12
INDIVIDUAL PLAYER REGISTRATION**

DATES: JUNE 5- JULY 10 Every **Monday** Night.

No league on July 3rd

PLACE: Monday night sessions will be held at **GRAND FORKS RED RIVER HIGH SCHOOL.**

LEAGUE FORMAT: Each team will play **two 30 minute games** each evening.

AGE GROUPS: (Grades are for the Fall of 2017)

The **7th and 8th grade league** will be played with teams that will be chosen by the league directors and will be mixed by school and ability. Teams from outside of Grand Forks may enter and play as a unit. Play will begin at **5:00 PM** on **JUNE 5th**. League schedules will be available online after this date.

The **9th and 10th grade league** will be played with teams that represent the school that they will attend in the fall and chosen by the head coaches. Teams that have fewer than seven players will have additional players added at the discretion of the league directors. Play will begin at **6:00 PM** on **JUNE 5th**. League schedules will be available online after this date.

The **Varsity League** will be played with teams that represent the school they attend in the fall. Play will begin at **7:00 pm** on **June 5th**. League schedules will be available online after this date.

FEES The cost of the league will be **\$45.00** per player. The fee will cover the costs of officials and t-shirts. The league t-shirt must be worn during games.

Make checks payable to **GF Summer Basketball**

Grand Forks Summer Basketball League Application-2017 – Individual Player

Name _____ Grade (2017-18) _____ Phone _____

Address _____ City _____ Zip _____

School Fall 2017 _____

I understand that the Grand Forks Public Schools, the Grand Forks Summer Basketball League, and Directors will not be held responsible for injuries or loss of personal property while the above athlete is attending the league. I authorize the Directors to secure any emergency treatment deemed necessary. The Directors will not be held responsible for payment for this emergency treatment. Any hospital or doctor fees that are a result of injury will be the responsibility of the parent or of the guardian. I also acknowledge that the above athlete is physically ready for the activity of the basketball league.

PARENT OR GUARDIAN SIGNATURE _____

Return the application and a check for \$45.00 by May 30th to:

Dan Carlson
238 Northridge Hills Ct.
Grand Forks, ND 58201
dan.carlson@gfschools.org

Kirby Krefting
3889 S. 19th St.
Grand Forks, ND 58201
kirby.krefting@gfschools.org