



# 2019 CAROLINA CRUSADER CLUB

TUESDAYS & THURSDAYS  
BEGINNING FEBRUARY 12 & 14, 2019

4:00-5:15 – 4<sup>th</sup> – 6<sup>th</sup> BOYS  
5:15-6:30 – 4<sup>th</sup> – 8<sup>th</sup> GIRLS  
6:30-7:45 – 7<sup>th</sup> – 8<sup>th</sup> BOYS

IF YOU PLAYED LAST SEASON WITH THE CRUSADERS (including Fall 2018), YOU ARE ON THIS YEAR'S TEAM.

IF YOU DID NOT PLAY LAST YEAR, YOUR FIRST PRACTICE AT D4D WILL BE YOUR TRYOUT.

TRYOUT FEE: \$10/NON-REFUNDABLE IF YOU DO NOT MAKE A TEAM; APPLIED TO \$549 FEE IF YOU DO MAKE A TEAM.

ALL TRAINING TAKES PLACE AT FRANCIS ASBURY UMC GYM (1800 E. NORTH STREET, GREENVILLE).

**\*\*\$549 if selected for a team.**

**Payable in 2 installments of \$274.50.**

**First payment due February 12, 2019. Final payment due March 5, 2019.**

**10% off for each additional child in a family (total for second child - \$494.10.**

**\*\*Fee includes 2 practices per week until end of Basketball of the Carolinas State Championships, use of uniforms, shooting shirt (yours to keep), secondary insurance, 4+ TOURNAMENTS, plus a chance to qualify for Nationals. No athlete will be allowed on the court without their fee, this signed release, a copy of the athlete's most current grade report, a copy of their birth certificate, and a copy of their current insurance card. Please sign up by sending this registration form in to:**

**Dribble for Destiny, Inc., 212 Ridge Point Road, Easley, SC 29640, OR you can pay by PayPal under the PAYPAL tab at [www.dribble4destiny.org](http://www.dribble4destiny.org).**

**If you choose to turn in paperwork/payment at the gym, please put all paperwork and payment in an envelope with your athlete's name on the front and put in the payment box by February 12<sup>th</sup>.**

Athlete's Name \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age \_\_\_\_\_ Current Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email (must have for updated practice/schedule info) \_\_\_\_\_

Parent/Guardian Contact Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

By signing below, I claim that my son/daughter has had a physical and is cleared to play basketball which is an intense activity. I am the parent/legal guardian and have the authority to release Dribble for Destiny, Francis Asbury UMC, and Basketball of the Carolinas from any charges related to an injury occurring at this volunteered activity.

NAME OF PARENT/LEGAL GUARDIAN (please print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_