

CRUSADER 2018 BASKETBALL *Acts 1:8*

TUESDAYS & THURSDAYS
BEGINNING FEBRUARY 22, 2018

4:00-5:15 – 4th – 7th GIRLS

4:45-6:00 – 4th – 6th BOYS

6:00-7:30 – 8th/JV GIRLS/V GIRLS

6:00-7:30 – 7th BOYS

Times are for tryouts only.

Practice times announced after tryouts.

IF YOU PLAYED LAST SEASON WITH THE CRUSADERS (*including Fall 2017*), 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 \$499 FEE IF YOU DO MAKE A TEAM.

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

****\$499 if selected for a team.**

Payable in 2 installments of \$249.50.

First payment due February 22, 2018. Final payment due March 6, 2018.

10% off for each additional child in a family (total for second child - \$449.10.

****Fee includes 2 practices per week until end of Basketball of the Carolinas State Championships, uniforms, 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.**

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 _____