



PRSRRT STD
U.S. POSTAGE
PAID
SCRANTON, PA
PERMIT #25



**BACKCOURT
HOOPS**

Backcourt Hoops
5 West Olive Plaza
Scranton PA 18508
570-558-3833
www.backcourthoops.com

Backcourt Hoops
5 West Olive Plaza
Scranton PA 18508



Individual Signup Fall League

BOYS
4th-9th Grade
GIRLS
4th-8th Grade

**BACKCOURT
HOOPS**

Backcourt Hoops
5 West Olive Plaza
Scranton PA 18508



Individual Signup Fall League Starts September 17th

Our boys and girls Individual Leagues are set-up to help players prepare for the Winter Basketball season. Each member will be placed on a team based on his or her grade entering Fall 2018. A coach will be assigned to each team and will run a weekly practice as well as weekly games. Most levels will also participate in an AAU Tournament later in the Fall.

All players will receive a reversible jersey to be used as a team uniform.

If you have any questions, please contact us at 570-558-3833 or e-mail us hoops@backcourthoops.com



Grades are as of Fall 2018

8th & 9th Grade Boys
4 Game season + 1 weekend
Tournament (2 games) + Weekly
Practices (10 hours total) **\$125**
Plays Sunday Nights

6th & 7th Grade Boys
4 Game season + 1 weekend
Tournament (2 games) + Weekly
Practices (10 hours total) **\$125**
Plays Sunday Nights

4th & 5th Grade Boys
6 Game season + Weekly
Practices (10 hours total) **\$125**
Plays Sunday Afternoons & Nights and/
or Monday Nights (8.5ft baskets)

7th & 8th Grade Girls
4 Game season + 1 weekend
Tournament (2 games) + Weekly
Practices (10 hours total) **\$125**
Plays Sunday Afternoons & Nights &
Tuesday Nights

5th & 6th Grade Girls
4 Game season + 1 weekend
Tournament (2 games) + Weekly
Practices (10 hours total) **\$125** Plays
Monday Nights and/or Tuesday Nights

4th & 5th Grade Girls
6 Game season + Weekly Practices (10
hours total) **\$125** Plays Monday Nights
and/or Tuesday Nights (8.5ft baskets)

Nina's Individual Fall League

___ 8th & 9th Boys ___ 7th & 8th Girls
___ 6th & 7th Boys ___ 5th & 6th Girls
___ 4th & 5th Boys ___ 4th & 5th Girls

Cost: \$125.00

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Age: _____ Birth Date: _____ Grade: _____

REQUIRED
E-Mail _____

School: _____

Jersey Size YM, YL, YXL, AS, AM, AL, AXL
Health Insurance Co. _____

Group #: _____ Policy #: _____

Payment Information:

Amount Charged: \$ _____

Card #: _____ CVC _____

Name on Card: _____ Exp: _____

Cardholder Signature: _____

My child is in excellent physical health and capable of participating in strenuous physical activity, and waive Backcourt Hoops of any and all responsibilities for injury or illness. I hereby authorize the director of Backcourt Hoops to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses and must provide Backcourt Hoops with proof of insurance. I also understand that my payments are non-refundable, non-transferable under any circumstances.
Signature of Parent/Guardian _____

Date: _____

Mail or Fax to:
Backcourt Hoops 5 West Olive Plaza Scranton PA 18508
Phone: (570) 558-3833 Fax: (570) 558-3835
Office use only:

Amt pd. _____ Date Rec. _____ Balance: _____