



## **SIGN UP FORM**

### **Plymouth Lady Pilgrims Basketball Winter League**

“Where Jets, Mustangs, Warriors, Wildcats, and Crusaders learn to become Pilgrims.”

**\*\*No basketball experience is necessary to participate in the league – this is an instructional league and is part of the Plymouth Lady Pilgrims feeder system.\*\***

### **Deadline for registration is** **Sunday January 19, 2020**

**WHO:** ANY girl in grades K, 1,2,3,4 who reside in the Plymouth Community School Corp.

**WHAT:** Plymouth Lady Pilgrims Basketball Winter League

**WHEN:** League will run from end of January to beginning of March. Each team will play TWICE each Sunday. Game times will range from 1:00-5:00.

**WHERE:** Games - Plymouth High School (Exception for tourney Sunday). Practices will be scheduled once during the week by your coach and will occur at one of the elementary schools.

**COST:** \$45.00 for one child; \$30 for each additional child from the same family.

*(Checks payable to: Plymouth Lady Pilgrims)*

**\*\*IF cost is a problem, please contact Brandi Sullivan: 952-2012/brandidsullivan@gmail.com**

*Please send registration form and payment to:*

Brandi Sullivan  
11928 Ridgeview Dr.  
Plymouth, IN 46563

***(Forms may also be brought to registration day or taken to your elementary school office)***

### **\*\*IMPORTANT DATES\*\***

- Registration/Skill Day: Sunday January 19th, 1:00-2:30 @ PHS GYM
  - (Girls: please wear gym attire)
- Teams will be made following skill day and coaches will be contacted by the weekend with team and practice information. Please be patient with everyone while teams are made.
  - First Week of Practices: Week of January 27th.
    - (Coaches will contact you with info)
- Game Dates: Feb. 2, 9, 16, 23, and a tournament on March 1st

*Please print clearly so info can be given properly to coaches*

Participant's Name: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_

# of years you have played basketball: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: Youth: S M L    Adult: S M L XL

Would you like to be a head coach? YES NO

Would you like to be an assistant coach? YES NO

Please remember that everyone's time is valuable and we appreciate your desire to get involved in your daughter's athletic development. Thanks!!  
*(If you are selected to be the head coach, your money will be refunded.)*

By signing below, I will not hold the Plymouth Community School Corporation, coaches, or participants liable for any injury that may occur during the participation of my child in the Lady Pilgrim Basketball League.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_