

2021 MIDDLE SCHOOL Girls Basketball Summer League

WHO: GIRLS ENTERING 6TH, 7TH, 8TH, OR 9TH GRADE IN THE FALL OF 2021.
2 DIVISIONS (GRADES 6-7) (GRADES 8-9)

WHERE: BISMARCK HIGH SCHOOL

WHEN: JUNE 3, 10, 17, 24 (THURSDAYS) **JUNE 17TH & 24TH @ CHS**
JULY 1, 8 (THURSDAYS)

TIME: GAMES SESSIONS WILL BE 6:00, 6:45, 7:30, & 8:15
EACH PARTICIPANT WILL PLAY ONE OR TWO GAMES PER EVENING



REGISTRATION INFORMATION:

FEES = \$50.00 EACH – PAYABLE TO BILL SHETLER

SCHEDULES AND TEAMS WILL BE HANDED OUT ON THE FIRST NIGHT SO ALL PLAYERS SHOULD REPORT BY **5:45**.

RULES:

- ALL TEAMS WILL BE SELECTED AND DIVIDED AS EQUAL AS POSSIBLE.
- 16 MINUTE HALVES WITH A RUNNING CLOCK.
- FREETHROWS WILL BE SHOT THE LAST 2 MINUTES OF EACH HALF.
- PRESSING WILL BE ALLOWED (MAN TO MAN).
- NO UNSPORTSMANLIKE BEHAVIOR WILL BE TOLERATED.

*****INFORMATION ABOUT THE TEAM SELECTION*****

- DUE TO THE INCREASE IN THE NUMBER OF PARTICIPANTS, WE WILL HAVE TO LIMIT THE NUMBER OF ENTRIES. EACH DIVISION (GRADES 6-7 & GRADES 8-9) WILL HAVE 6 TEAMS WITH A MAX OF 12 PLAYERS PER TEAM. **72** TOTAL 6-7TH GRADERS AND **72** TOTAL 8-9TH GRADERS.
 - OPTIONS IF THE MAX HAS BEEN REACHED:
 - THE 6-7TH GRADE DIVISION HAS COMMONLY BEEN FULL, SO PLAYERS IN THE 6-7TH HAVE THE OPTION TO PLAY UP IN THE 8-9TH DIVISION IF DESIRED.
 - BE PUT ON A WAITING LIST UNTIL AFTER THE 1ST WEEK AND REPLACE ANY NO-SHOWS.
 - HAVE YOUR MONEY REFUNDED IF REGISTRATION HAS BEEN SENT IN.

PARTICIPATION CONSENT FORM:

I hereby give my permission for my child, _____ to participate in this basketball league. I acknowledge the health of my daughter to be ready for vigorous activity during this league and I authorize the directors to secure any emergency treatment deemed necessary. I also release the league directors, officials, players, and the facility from all claims on account of any injuries sustained by my child while participating in the league. Any medical bills incurred by my child will be the responsibility of my family insurance plan.

Parent's Name _____ Phone Number _____

Signed _____ Date _____

Participant's Name _____

Grade Next Fall _____ School _____ Height _____

Highest level played (ex. 7A1 or 8B2 etc.) _____

Position most commonly played: Guard _____ Post _____

Return Registration and \$50.00 Fee to:

Bill Shetler

325 Baker Place

Bismarck ND 58504

Phone: 701-516-3521