

We are...

DIX HILLS BASKETBALL

The Premier Basketball Program in Half Hollow Hills

Our Program:

- provides all Kindergarten, 1st, 2nd & Challenger Divisions with their own basketball
- provides a quality reversible jersey and shorts to all players
- only uses certified adult referees for all Intramural Divisions
- ensures all Intramural teams are included in our Playoff format
- is fully insured
- culminates with an end of season party and trophy ceremony
- maintains an up to date website: <http://www.DixHillsBasketball.com>
- has a presence on Facebook. Become a fan by searching for "Dix Hills Basketball"
- and, most importantly, has a fully engaged Board of Directors

WINTER REGISTRATION

(November 2018 thru March 2019)

****COPY OF THE FACE PAGE OF THE MOST RECENT REPORT CARD REQUIRED WITH EACH REGISTRATION****

DIX HILLS BASKETBALL ASSOCIATION was formed to provide children of all ages and talent levels, an opportunity to learn and play organized basketball.

Instructional Program - * Subject to change based on total registrations in each division.

- K thru 2nd Grade: Saturday at a local School between 9am and 5pm.

Challenger Program

- Sunday mornings at a local School.

Intramural Program – * Subject to change based on total registrations in each division.

- 3rd/4th Grade (Boys and Girls): play Friday evenings beginning at 6pm*

- 5th thru 12th Grade (Boys and Girls): play on Sunday*

- Practices will be scheduled once per week at one of the local schools.

- The season consists of 10 games plus playoffs.

All registered players in Grades 3 and up that are new to our program **must attend an assessment session** prior to being drafted. **This is not an option.** Our objective is to establish parity across all teams within a division.

Special Requests: FOR GRADES K,1,2 AND CHALLENGER ONLY will be reviewed and accommodated if possible. However, there are no guarantees. Please fill in the **Comment** box on the front of this form.

Registration: Please fill out the form on the reverse side completely/legibly, and return it with your payment to the address listed on the form. All players must be registered prior to being placed on a team. *Please ensure that you provide us with your primary email address that we can send notifications to. DHBA provides ALL information via its website and email. Please make sure to provide a working primary phone number.*

Refunds: There are no refunds once team selections have taken place. No refunds of any kind will be given.

Travel Team: All players must be registered and paid in order to try out for a Travel Team. You must minimally attend one (1) tryout session in order to be considered. Travel Team tryouts will be posted on our website, and announced after our September registration deadline. This program is competitive and requires a strong commitment to the schedule of games and their locations. This league also has an additional fee of **\$200.00** which must be paid once you are chosen for a team. Please be certain that you can make this commitment before trying out. **NO REFUNDS WILL BE GIVEN. This is a 12 game season and playoff referee fees are extra.**

Travel Team Practice: Travel Team players are expected to attend practices when scheduled. Any player who consistently misses practice without good reason will be suspended.

Code of Conduct: All coaches, players and parents will be required to sign a Code of Conduct form *prior* to the start of the season and are expected to adhere to the guidelines therein. Good sportsmanship is what we teach and what we expect of our Players, Coaches, and Parents.

Volunteers: Please consider helping out our program by volunteering your time to Coach, or Assistant Coach. Please check the appropriate box on the front of this form if you are willing and able to help out.

Visit our website often for the latest information regarding our program: www.DixHillsBasketball.com

Dix Hills Basketball Association Inc.

369 Vanderbilt Pkwy, Dix Hills, NY 11746
 A Not-For-Profit Corporation
 Phone: 631-777-8475 Fax: 631-271-1797
 Tony DeSabato, President

Website: www.DixHillsBasketball.com Visit us on Facebook: search for "Dix Hills Basketball"

CHALLENGER Program – providing an athletic experience for children with special needs. Open to age groups from Kindergarten through 12th grade. Visit our website for details.

EARLY REGISTRATION DEADLINE – 30-Sep-2018 – NO CASH – ONE FORM PER CHILD –

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Mail-In Registrations – Please mail your completed application with funds to the address above

2018-2019 Winter Basketball Program

November 2018 – March 2019

BOYS & GIRLS BASKETBALL LEAGUES -- GRADES K-12

Please choose one: Intramural Program (Grades K-12) Travel Team Tryout (Grades 4-12) CHALLENGER Program

REGISTRATION DATES	One Child	Two Children	Three Children	Four Children	Travel Team
INTRAMURAL Program 1-Aug thru 31-Oct	\$225	\$390	\$560	\$640	An Additional \$200 Travel Fee is required for all travel team players. If my child is <u>not</u> chosen for a Travel team, he or she can be automatically placed in the Intramural program: YES <input type="checkbox"/> NO <input type="checkbox"/>
CHALLENGER Program 1-Aug thru 31-Oct	\$180				

Family Last Name	Child's First Name	Parent or Guardian's Name	
		Mother:	
		Father:	
Home Address:	Town:	Zip Code:	Home - Phone Number:

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Primary Contact Number: Mother Cell: Father Cell:	Returning Player: YES <input type="checkbox"/> NO <input type="checkbox"/>
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Primary Email Address:	Uniform Size YS <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL <input type="checkbox"/> 2XL <input type="checkbox"/>
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Grade (as of Sept-2018):	School: HHH Student ID#:	Volunteer: Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/>
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Payment Information

All Payments must be made by check or credit Card. Make checks payable to: **Dix Hills Basketball Association Inc.**

Credit Card: American Express MasterCard VISA Total Amount \$ _____ Security Code _____

Credit Card # _____ EXP Date: _____ Name on Card: _____

Billing Address on Card: _____ Signature of Card Holder: _____

Comments:

Medical Information: (Please indicate any medical conditions)

Parental Agreement

I, the parent/Guardian of my son/daughter, give permission for them to participate in the Dix Hills Basketball Association Inc. program. I hereby waive, release, and agree to hold harmless the Dix Hills Basketball Association Inc., its officers, directors, organization, coaches, participants, consultants, volunteers or the facility where play is performed, from any claim arising from any injury or loss to my child.

Signature of Parent/Guardian _____	Today's Date _____	Emergency Contact _____	Emergency Phone _____
Check Date: _____		Authorization #: _____	
Office Use Only: Cash _____	Check _____	Date _____	Amount _____ Reg # _____

APPROVED FOR DISTRIBUTION
 AUG 31 2018
 DR. PATRICK HARRIGAN
 SUPERINTENDENT OF SCHOOLS

Ann
8/31/18