



**Seymour Youth Basketball Association
Youth Application Form
2017 WINTER...GIRLS**

Player Information

Registration Dates will be Monday October 9th and Wednesday October 11th from 6:00-8:00 at Seymour High School in the Commons Area!!!!

Training Camp Dates will be Monday Oct. 16 and Wednesday Oct. 18 @ Seymour High School

Training Camp Times.....Grades K-2 (6:30-7:15).....Grades 3-6 (7:30-8:15)

Name: _____ Did you play last year with us? _____

Age: _____ Birth Date: _____

School: _____ Grade: _____

Experience Level: Beginner _____ Intermediate _____ Advanced _____

Illness or Allergies: _____

Medication: _____

UNIFORMS	ADULT SIZES (AS, AM, AL, AXL, A2XL)	YOUTH SIZES (YS, YM, YL)
Jersey/Shirt		

Parent/Guardian Information

Name: _____

Phone (Cell): _____

Address: _____

City/ Zip: _____ Email: _____

Emergency Contact: _____ Phone: _____

Are you interested in volunteering? Please indicate: Coach _____ Asst. Coach _____ Team Mom _____

Registration Fees: -- \$45 – Registration Fee

Cash _____ Check # _____

Please make checks payable to: Seymour LADY OWLS Basketball

Notice: There will be a \$35.00 charge for all Non-Sufficient funds (NSF) checks.



SEYMOUR BASKETBALL COACHING APPLICATION

NAME: _____

DAUGHTER'S NAME: _____

GRADE INTERESTED IN COACHING: _____

SHIRT SIZE: _____

EMPLOYEER: _____

**BEST TIME DURING WEEK TO PRACTICE (DAY AND TIME): _____

PLEASE ANSWER THE FOLLOWING:

1) WHAT IS IMPORTANT TO YOU AS A YOUTH SPORTS COACH?

2) WHAT IS YOUR EXPERIENCE WITH COACHING YOUTH SPORTS AND HOW MANY YEARS HAVE YOU BEEN COACHING?

3) WHAT IS YOUR PERSONAL PHILOSOPHY TOWARD COACHING A YOUTH SPORTS TEAM?

4) WHAT KNOWLEDGE DO YOU HAVE ABOUT THE BOYS AND GIRLS CLUB MOVEMENT?

5) WHAT CERTIFICATIONS, IF ANY, DO YOU CURRENTLY HAVE? (FIRST-AID, CPR, ETC.)

REFERENCES:

NAME _____ PHONE _____

NAME _____ PHONE _____