



# OAK RIDGE WILDCATS

## BASKETBALL FALL LEAGUE

### AVAILABLE FOR BOYS & GIRLS-GRADES 1st-6th

EVALUATION DAYS AT ORHS 9/16 (6:30-8:00PM) & 9/19 (8:30-10:00AM)

FOR MORE INFORMATION CONTACT AARON GREEN (BOYS) OR PAIGE GREEN (GIRLS)

[hagreen@ortn.edu](mailto:hagreen@ortn.edu) or [prgreen@ortn.edu](mailto:prgreen@ortn.edu) :: [www.oakridgebasketball.net](http://www.oakridgebasketball.net)

- Games played @ ORHS Arena & Bgym
- Practice once during the week
- Games on Saturdays (10/31-12/12)
- Sign-ups Aug 1 – Sept 19
- Registration/Evaluation Days-9/16 & 9/19
- We will NOT except registrations after 9/19
- COST \$70 PER PLAYER (PRE-REGISTERED)
- Practice starts week of Oct. 19
- Lower goals for younger division
- 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup> Division & 4<sup>TH</sup>, 5<sup>TH</sup>, 6<sup>TH</sup> Division
- Individual Awards
- Register online on our website (see above)

### 2015 Oak Ridge Fall Basketball League (Boys & Girls 1<sup>ST</sup> -6<sup>TH</sup> Grade)

SEND TO: ORHS Attn: Aaron Green, 1450 Oak Ridge Turnpike, Oak Ridge, TN 37830

**PRE-REGISTERED COST (BEFORE 9/19/15)---- \$70  
AT THE DOOR (ON 9/16 OR 9/19/14)----\$80**

(Make checks payable to **ORFBL**: – send to address above)

(This registration form and the pre-registration fee must be mailed in time to be received before 9/19/15 to receive the pre-registration fee)

Players Name: \_\_\_\_\_ Circle One: BOY/GIRL Grade: \_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Best Number: \_\_\_\_\_ Interested in coaching a team: YES / NO

Emergency Phone: \_\_\_\_\_ If in 5<sup>th</sup>/6<sup>th</sup> grade, where did you attend elementary school: \_\_\_\_\_

All communication is through email. Make sure address is clear & correct.

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

#### WAIVER INFORMATION

\_\_\_\_\_ has been given permission to attend and participate in the 2015 Oak Ridge Fall Basketball League. I/We the Parents/Guardian of the above named candidate do hereby give My/Our approval to this participation in the risk and hazards incidental to the conduct of the league, and hold harmless the Oak Ridge Fall Basketball League and Oak Ridge School properties, the organizers, sponsors, and supervisors appointed by them. I/We likewise release from responsibility any person transporting My/Our child to and from activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_