



BOYS BASKETBALL

Littlefork CERC

COACH: Kayla Lund

AGES: 4th-6th GRADE BOYS

TEAM REACH GROUP CODE:
LFCERCBB24

Registration Fee:
\$30
Checks are payable to:
Littlefork CERC

SCHEDULE, TIMES & LOCATION OF PRACTICE:

1/3 @ 3:30-4:30 (New Gym)	1/15 @ 5:30-6:30 (Elem. Gym)	1/27 @ 5:30-6:30 (Elem. Gym)
1/8 @ 5:30-6:30 (Elem. Gym)	1/17 @ 5:30-6:30 (Elem. Gym)	1/28 @ 3:30-4:30 (New Gym)
1/9 @ 3:30-4:30 (New Gym)	1/21 @ 5:30-6:30 (Elem. Gym)	1/29 @ 5:30-6:30 (Elem. Gym)
1/10 @ 5:30-6:30 (Elem. Gym)	1/22 @ 5:30-6:30 (Elem. Gym)	1/30 @ 3:30-4:30 (New Gym)
1/13 @ 3:30-4:30 (New Gym)	1/23 @ 3:30-4:30 (New Gym)	
1/14 @ 5:30-6:30 (Elem. Gym)	1/24 @ 3:30-4:30 (New Gym)	
2/4 @ 5:30-6:30 (Elem. Gym)	2/13 @ 5:30-6:30 (Elem. Gym)	2/24 @ 5:30-6:30 (Elem. Gym)
2/5 @ 5:30-6:30 (Elem. Gym)	2/18 @ 3:30-4:30 (New Gym)	2/25 @ 5:30-6:30 (Elem. Gym)
2/10 @ 5:30-6:30 (Elem. Gym)	2/19 @ 5:30-6:30 (Elem. Gym)	2/26 @ 5:30-6:30 (Elem. Gym)
2/11 @ 3:30-4:30 (New Gym)	2/20 @ 3:30-4:30 (New Gym)	2/28 @ 3:30-4:30 (New Gym)
2/12 @ 5:30-6:30 (Elem. Gym)	2/21 @ 3:30-4:30 (New Gym)	

*Games/Tournaments will be announced once scheduled. Please make sure to fill out the box below in how best to communicate with you regarding basketball updates.

BOYS BASKETBALL 4TH-6TH GRADE REGISTRATION FORM

Name: _____ Age: _____ Grade: _____

Mailing Address: _____

Parent/Guardian: _____

Email: _____ Phone: _____

Emergency Contact & Phone Number: _____

Who will be picking up your child? _____

Does your child have any medical/allergies? _____

Parent/Guardian Signature: _____ Date: _____

Children Shirt Size circle one:			
XSMALL	SMALL	MEDIUM	LARGE
Adult Shirt Size circle one:			
SMALL	MEDIUM	LARGE	

Team Pictures will be taken. Please read the consent form below regarding pictures:

I understand and hereby give permission for my child to participate in team photos and other photos taken by a professional photographer, coach or CERC director. I understand that sport pictures may be used for, but not limited to social media, newspaper, and/or advertisement.

I have read and consent to the above paragraph regarding my child.

Parent/Guardian Signature: _____

WHAT IS THE BEST WAY TO COMMUNICATE INFORMATION & UPDATES WITH YOU

- TEAM REACH
- EMAIL (IF YOU CHECK, MAKE SURE YOU PROVIDE YOUR EMAIL ABOVE)
- PAPER SENT HOME
- FACEBOOK
- PHONE

Please register your child for BASKETBALL by the end of the day on December 31st, 2024.

Payment must be included with the registration form.

Any questions please contact Tiffany Dobbs, CERC Director at cerc@littleforkmn.gov | 218-278-4422