TRAVELING BASKETBALL LEAGUE

7TH - 9TH GRADE

The Recreation Department will be offering a coed traveling basketball league for students. This league will be set up so that teams may compete against other local teams. Participants will expand on the basic techniques of basketball, while having fun in a recreational atmosphere. For those who want to continue playing basketball, they can join their community team and compete in this travel league.

Any student that lives in Norwalk and the surrounding area is eligible to register with the Recreation department teams.

** **PROGRAM INFORMATION SUBJECT TO CHANGE AT ANY TIME** **

Grades:	7th- 9th
Practices:	begin early Dec., TBA by coach
Clinic:	Tuesday, Nov. 18 (time TBA)
Games:	Saturdays, January & February
Location:	Ernsthausen Recreation Gym & Bellevue Rec Center
Register:	Starting 10/6 until rosters are full
Fee:	$35 Norwalk students/ members
	$45 Out of town students
	$5 addt'l for registration after 11/2
Note:	Coaches & Sponsors will be needed

Youth Basketball Traveling League

Registration and Release Form

I hereby give my permission for _____ to participate in the Traveling League program that begins on _Nov. 2025_ and ends Feb. 2026__. Additionally, I hold harmless and indemnify any and all rights and claims for damages and injuries against any City participating in the Traveling League, their City Administrations, Recreation Departments, City Schools, employees, representatives, instructors, officials, or sponsors of these groups while my child is participating in or attending a Traveling League practice or game.

BASKETBALL TRAVELING LEAGUE EMERGENCY MEDICAL AUTHORIZATION

Participant's Name_____ Birth date: _____ Age: _____ Grade: _____

Home Address: _____City: _____ Phone: _____

Parents email_____

School: _____ Shirt size: YL AS AM AL AXL

Father's Name: _____ Cell: _____Mother's Name: _____Cell:_____

Relative or Other Contact: _____ Phone: _____ Cell:_____

Please place your initials on the appropriate line below:

_____My child is covered by medical insurance

Insurance Company Name _____Group # _____ Policy Number_____

Address_____Phone_____

_____My child is **NOT** covered by medical insurance: I, the undersigned, will assume responsibility for any medical expenses he/she incurs during participation in any Traveling League practice or game.

In the event reasonable attempts to contact persons listed above are unsuccessful, I hereby give my consent for the administration of any treatments deemed necessary by Doctor_____(preferred physician) or Doctor_____(preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital) or any other hospital reasonably accessible. This authorization does NOT cover major surgery unless medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

For your child's protection in case medical treatment is necessary, the following information is needed by any hospital or practitioner not having access to the minor's medical history:

Any allergies: _____ Physical impairments: _____

Medication being taken:_____ Date of last tetanus shot:_____

Other patient facts to which physician or program staff should be alerted:_____

I/WE HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS

Signature of Guardian _____ Date_____

Signature of Participant if applicable _____ Date_____

****NEW LAW - Sudden Cardiac Arrest video & waiver must be signed for player to participate.**
Visit our website for the link www.norwalkrec.com

VOLUNTEER COACHES needed - Please fill out the following information;

NAME_____ PHONE (H)_____ (W)_____ BIRTHDATE _____/_____/_____

SOCIAL SECURITY # _____-_____-_____ HAVE YOU BEEN CONVICTED OF A FELONY?_____

COACHING EXPERIENCE_____

WHAT STATES HAVE YOU RESIDED IN WITHIN THE LAST 10 YEARS?_____

I _____ give permission to the Norwalk Parks & Recreation Department to perform the necessary background screenings, which may include driving history, criminal conviction history, and general public history.

Volunteer Signature_____ Date_____