

HEART OF THE VALLEY

Public Grade School Basketball Program

Our annual Heart of the Valley Basketball Program is open to any current 4th-6th grade Hortonville School District Students. Players must be enrolled in either Greenville or Hortonville Elementary Schools to participate. The Hortonville Backcourt Club in conjunction with the Hortonville High School Boys Basketball Program operates the Heart of the Valley Program for the district. Below is an overview of the program.

HEART OF THE VALLEY INFORMATION

- Schedule
 - Season will run from October (after football) to mid-December
 - # of events – 1-2 games on Saturdays only – approximately 10 games per season
 - All events are held in the Fox Valley area
 - Practice 1 time per week (1 ½ - 2 hrs)...2 times per week on tournament weeks (3 hrs max)
- Team Selection/Coaching Staff
 - Teams are determined based on the number of kids
 - Coaches will divide teams evenly
 - 2 or more teams per level
 - Coaches will be selected by the Varsity Staff
 - Parents may coach any team at this age
- Registration Fee = \$30

In addition, all players registered for the program will be automatically registered for the Shooting Clinic to be held in Hortonville on December 15th with Mike Lee of Playmakers Basketball. All private grade school players and/or public middle school players may attend, but will be charged \$15 for the event. A registration form will be made available for those not registered in the Heart of the Valley Program in October.

All checks must be made payable to the Hortonville Backcourt Club. All questions and registration forms may be directed to:

Bob Van Beek
Treasurer, Hortonville Backcourt Club
W8725 Pheasant Run
Hortonville, WI 54944
(920) 779-5995
bvb@secura.net

Fred Stoeger
Scheduler-Registrar, Hortonville Backcourt Club
N2935 Valley View Drive
Hortonville, WI 54944
(920) 779-6635
fstoeger@unitelinc.com

HEART OF THE VALLEY

Player Registration Form

ATHLETE'S INFORMATION

Last Name: First Name: Middle Name:
Address: City/State: Zip:
Home Phone: Grade: School:

PLAYER-GUARDIAN INFORMATION

Mother's Name: Father's Name:
Home Phone: Home Phone:
Cell Phone: Cell Phone:
Email Address: Email Address:

EMERGENCY INFORMATION

Family Members or Friends you would like contacted if parents cannot be reached.

Name: Relationship: Phone:
Name: Relationship: Phone:

MEDICAL INFORMATION

Medical Insurance Provider:
Policy/Group Number:
Carrier Name:
Medical Conditions:

ATHLETE CONSENT FORM

I HEREBY REQUEST AND CONSENT THAT MY CHILD, WHILE A PATRON AT THE VARIOUS GYMS THAT ARE PART OF THE SCHEDULED PROGRAMS UNDER THE JURISDICTION OF HORTONVILLE BACKCOURT CLUB AND/OR HORTONVILLE BOYS BASKETBALL PROGRAM, BE PERMITTED TO PARTICIPATE IN ONE OF THESE PROGRAMS.

I UNDERSTAND THAT THIS ACTIVITY IS CARRIED ON UNDER THE RISK FOR PARTICIPANTS ABOUT ALL INCURRED INJURIES WHILE PARTICIPATING IN THE HORTONVILLE BACKCOURT CLUB AND/OR HORTONVILLE BOYS BASKETBALL PROGRAM.

THEREFORE, I, THE UNDERSIGNED, DO HEREBY WAIVE ALL CLAIMS THAT I MAY HAVE OR MAY HAVE HEREAFTER, AGAINST THE COACHES, SUB DIRECTORS, DIRECTOR, OWNER(S) OF THE FACILITIES WHERE THE INJURY OCCURRED, THE HORTONVILLE BACKCOURT CLUB AND/OR HORTONVILLE BOYS BASKETBALL PROGRAM, FOR INJURIES MY CHILD MAY INCUR WHILE PARTICIPATING IN ONE OF THESE PROGRAMS.

I HEREBY GIVE CONSENT/PERMISSION FOR MY CHILD, WHILE A PARTICIPANT IN ONE OF THE HORTONVILLE BACKCOURT CLUB AND/OR HORTONVILLE BOYS BASKETBALL PROGRAM, BE GIVEN MEDICAL TREATMENT IN MY ABSENCE AT ANY HOSPITAL, MEDICAL CLINIC, BY ANY QUALIFIED PHYSICIAN, OR ANY OTHER QUALIFIED MEDICAL PERSON IN CASE OF AN EMERGENCY.

I UNDERSTAND THAT REGISTRATION FEES WILL AND THAT REFUNDS ARE NOT GRANTED ONCE THE SEASON HAS BEGUN AND/OR DEADLINE HAS PAST.

PARENT/GUARDIAN SIGNATURE

RELATIONSHIP TO ATHLETE

DATE SIGNED