

# REGISTER TODAY

FOR SCHOOL USE ONLY:

PAID BY: CHECK \_\_\_\_\_

CASH \_\_\_\_\_



## Tiger Intramural Basketball Program 2009-10 Season for 6th Grade

Texarkana Independent School District's 2009-10 Season for the Tiger Intramural Basketball Program will begin soon.

This program will be available to all boys and girls in 6th grade that are currently enrolled in Texarkana ISD or Redlick ISD. Practices will be 1 – 2 nights per week and most games will be played during the day on Saturday's and possibly some weeknights.

Teams will be formed in October. Participating students will be notified shortly thereafter. Our Intramural Basketball Season will run through the end of January.

We encourage you to register your child today for **GRRREAT** basketball fun during the 2009-10 school year.

### REGISTRATION: TUESDAY, OCTOBER 13, 2009

Please return registration form/fee directly to your student's campus.

**REGISTRATION FEE: \$10 PER CHILD** paid at time of registration. No student will be placed on a team until registration fee has been paid.

*Please make checks payable to: Texarkana ISD.*

*Write name of student and campus on memo line of check.*

**LATE REGISTRATION:** Forms and fees received after the deadline of October 13, 2009 will be accepted. *However, students registering late will not be guaranteed a spot on a team. They will be accepted as space is available.*

## REGISTRATION FORM

### PLEASE PRINT:

Child's Name: \_\_\_\_\_ Gender: M or F DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ School Campus: \_\_\_\_\_

Please list # of seasons played previously and in what league if applicable: \_\_\_\_\_

Player T-Shirt Size: \_\_\_\_\_ Youth Medium \_\_\_\_\_ Youth Large \_\_\_\_\_ Adult Small  
\_\_\_\_\_ Adult Medium \_\_\_\_\_ Adult Large \_\_\_\_\_ Adult XL

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**The success of the TISD Intramural Basketball Program is dependent upon volunteers who are willing to give of their time and efforts. If you are interested in volunteering your time and assistance in any of the following ways, please check your areas of interest.**

\_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Referee \_\_\_\_\_ Scorekeeper

*Please enroll my child in the 2009 TISD Intramural Basketball Program. I understand that the school, coaches or league representatives will not be held responsible for any injuries that may occur during games, practices or travel to and from games.*

Parent or Guardian Signature: \_\_\_\_\_

**For more information contact: Sonia Sandford - 903.793.7561 Ext. 1327**