



BASKETBALL

NIGHTHAWK BOYS FALL BASKETBALL 2019

From: Bob Spahn, DNHS Boys Basketball Head Coach
To: Nighthawk Families

Dear Nighthawks Families and Athletes (Grade 9):

With school basketball tryouts starting on November 9TH; our fall program is more important than ever. It is our expectations that any athlete who is not participating in a fall school sport will attend **ALL** scheduled basketball and strength & conditioning (S&C) workouts.

Participation does not guarantee a selection to the school team!!

The following is practice and payment information:

- Fall workouts start on Aug 26 at 3:45 PM and will end on Nov 1st (attached is the schedule)
- There will be 23 basketball practices and 33 strength & conditioning sessions
- Practice times and dates are subject to change.... YOU CAN COUNT ON IT
- Cost to participate in fall program is \$230.00
- Cost to participate in Tournaments will be extra and is *by invitation only*.
- Cost to participate in Fall League games is extra and is *by invitation only*.

Payment can be made online at www.delnortehoops.com (please put players full name in the "notes" box, or can be paid by check on the first day of practice; check payable to Del Norte Boys Basketball and put players full name in "memo" section of check.

Registration form can be found at www.delnortehoops.com or on page 2 of this document.

Thank you and we hope to see you this fall.

Bob Spahn
Head Coach
DNHS Boys Basketball
delnortehoops@gmail.com

NIGHTHAWK BASKETBALL

Fall 2019 Registration Form

PLAYER'S NAME (LAST) _____ (FIRST) _____ (INITIAL) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ (OK to publish on roster?) YES or NO

GRADE (2019/20 School Year) _____ DATE OF BIRTH ____/____/____ AGE _____

FATHER'S NAME _____ DAY PHONE _____

MOTHER'S NAME _____ DAY PHONE _____

EMAIL ADDRESS: (PLEASE PRINT VERY NEATLY) _____

List any medical problems or prohibition player has: _____

CONSENT For medical treatment (minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependent.

X _____ DATE _____

FAMILY DOCTOR _____ FAMILY DOCTOR'S PHONE _____

FAMILY INSURANCE COMPANY _____

I, the Parent or Guardian of the player named above, hereby gives approval to his participation in any and all association activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Nighthawks Youth Basketball, Del Norte High School, Poway Unified School District and organizers, sponsors, participants and persons transporting the child, except to and from any activities for any claim arising of an injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by Nighthawks Youth Basketball.

PARENT/LEGAL GUARDIAN (Please print) _____

SIGNATURE _____ DATE _____