



(Players In Progress)

The Seneca PIP Basketball Program invites every **3rd-6th** grade **boy or girl** to play in the 2022-2023 Ozark League basketball season. The cost is **\$65.00** per child, payment is due when signing up! Please fill out this form, sign, and return it along with the registration fee to the school office by **Friday, November 18th**. (Boys & girls will not be playing together, they will have separate teams & game times.) Once all players have registered, teams will be formed and coaches will contact you. Games will be held on Saturdays starting January 7th thru February 11th. We will travel to play other schools: (Neosho, Monett, McCounty, East Newton, and a home game at Seneca.) Guarantee of 9-10 games plus practices in Dec., Jan., and Feb. Game Jersey provided.

Additionally, both the Seneca High School Boys and Girls teams will be conducting a PIP clinic in preparation for their season. The camp includes teaching individual drills and fundamentals. Instruction will be given by Coach Schulte and Coach Hardy, their staff, and current Seneca basketball players. The cost of the camp is **\$20**. (Must sign up by 18th). We will have competitions as well as prizes. The camp will be THIS SATURDAY, November 5th at the High School (10-11 a.m.-3rd and 4th) and 11:10-12:10 pm-5th and 6th. AND SATURDAY Nov. 19th at H.S. (SAME TIMES and groups.) Any questions call, text, or email John Wydick 417-439-0937 or email jwydick@senecar7.com

Return this portion with the \$65 just for PIP or \$85 for both,

(make checks payable to: *SENECA P.I.P. BASKETBALL*)

**Parental Consent & Waiver of
Responsibility**

⇒Seneca PIP Basketball Program and/or its associates are not responsible for any accidents and by signing this form, I understand this completely and *will not hold* Seneca PIP Basketball Program or Seneca High School *legally responsible for any accidents.*

Date: _____

Parent or Guardian Print Name: _____

Signature: _____

Registration Form

Please Circle: Boy or Girl

Student Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail Address:** _____

Emergency Contact: _____

Grade: _____

T-Shirt size: _____ Youth size or Adult.

Please, no numbers.) :)

Please Check One:

PIP Only _____ \$65 **PIP & Clinic** _____ \$85

If you are a parent/guardian who is ***interested in coaching a team***, please print your name below. You will receive a confirmation phone call.

Name: _____

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