

LADY PIRATE HOOPS

BAY PORT HIGH SCHOOL

Varsity Head Coach: Steph Mathu 2710 Lineville Rd. Green Bay, WI 54313 (920) 662-7271 stepmath@hssd.k12.wi.us

Dear Youth Basketball Parent/Guardian,

This letter is written to extend an invitation to your daughter(s) to participate in the Bay Port Girls' Youth Basketball Program. This is our 13th year of the program and it is with great pleasure that we once again will be offering it to the girls in the Howard-Suamico School District!

Below is a brief overview of the program at each level. The attached information will also provide important information.

3rd & 4th Grade Program

Teams will practice once or twice per week and play league games on Saturday mornings. *Optional practice and tournament opportunities will be offered for 3rd and 4th graders. See below for more information.*

5th & 6th Grade Program

Teams will practice once or twice per week and play on Saturday mornings. *Optional practice and tournament opportunities will be offered. See below for more information.*

*****Note- Lineville and the Bay Port program are separate entities. If you have any questions regarding the Lineville program, please refer your questions to Lineville Intermediate School.**

7th & 8th Grade Program

Teams will practice once or twice a week and play league games on Saturday mornings. *Optional practice and tournament opportunities will be available. . See below for more information.*

WE NEED YOUR HELP!!! Please consider volunteering your time to coach your daughter's team. Without coaches, we cannot continue our program. Please see the registration form to indicate you would like to coach. I will be in contact with you prior to the league beginning.

3rd through 8th Graders – Optional opportunity for you (you must have been a part of the youth program to participate on a tournament team)!

If your daughter is interested in a more competitive environment and wants to continue her basketball experience, she has the option of participating on a tournament team. An explanation of this optional program will be given to you the second week of league October 20th, 2012. Upon completion of the explanation, you may choose whether or not you would like to have your daughter participate on a tournament team.

- The Bay Port Girls Youth Basketball Program will also host its own tournament for grades five through eight on January 12th and 13th. I AM STILL LOOKING FOR SOMEONE HEAD UP CONCESSIONS (let me know if you are interested)!! More information will be available at a later date and parental help from tournament team parents is a definite need. We may also be hosting a NWBL week. This would be Jan. 26th. More information to come. Without your help, we will not be able to run a successful tournament. Please set aside and mark these dates on your calendar!

If you have any questions, I will be glad to answer them. My phone number is on the top of this letter. I very much appreciate your interest in helping continue and improve Bay Port Girls Basketball!

Sincerely,

Steph Mathu
Bay Port Girls Varsity Basketball Coach

BAY PORT FUTURE PIRATE GIRLS' YOUTH BASKETBALL

2012-2013

The Bay Port High School Girls' Basketball coaching staff & players will provide basketball opportunities for girls in 3rd through 8th grades residing in the Howard-Suamico School District. These programs are sponsored by the coaching staff and will emphasize both player skill development as well as player involvement. The program will consist of four Saturday morning skill development sessions, with practices held during the week. Please note that the dates and times of practices held during the week cannot be determined at this time. A practice schedule will be distributed on the first day of the program (10/13/12).

DATES: **Saturdays** – October 13th, 20th and November 10th, 17th

TIMES:

October 13 th , 20 th	November 10 th , 17 th
3 rd and 4 th – 9:00-10:15	3 rd and 4 th – 11:45-1:00
5 th and 6 th – 9:00-10:15 or 10:15-	5 th and 6 th – 10:30-11:45 or 11:45-1:00
7 th and 8 th – 10:15-11:30	7 th and 8 th – 10:30-11:45

LOCATION: **All sessions are at Bay Port High School**

COST: ON OR BEFORE OCTOBER 3rd, 2012 : **\$25.00**– one girl, \$30.00 – two girls, and \$35.00 for three girls from the same family

AFTER OCTOBER 1st: \$35.00-one girl, \$40.00-two girls, and \$45.00 for three girls from the same family

Thanks for your promptness!!

- All players will receive a Future Pirates Girls Basketball t-shirt.
- The 75 minute period generally consists of 45 minutes of skill development and 30 minutes of game play.
- Please report to the Bay Port Fieldhouse 30 minutes early the first day (10/13/12). No prior contact will be made (exception will be 5th and 6th graders). Orientation, t-shirts, and practice schedules, etc... will be handed out.

⇒ **IN ORDER TO ALLOW US TO PURCHASE THE APPROPRIATE NUMBERS OF T-SHIRTS AND FORM LEAGUE TEAMS, PLEASE SEND YOUR REGISTRATION FORM AND MONEY BY**

OCTOBER 3rd, 2012

Mail registration form and money to:

Bay Port High School

Attn: Steph Mathu – Girls' Basketball Coach

2710 Lineville Road

Green Bay, WI 54313

*****(Make check payable to 'Bay Port High School')*****

2012-2013 Bay Port Girls' Youth Basketball

Registration Form (by October 3rd, 2012)

\$25.00 1st daughter, 5.00 for each additional child

ADD A \$10.00 FEE IF RECEIVED AFTER OCTOBER 1st, 2012

PARENT/GUARDIAN NAME _____	
ADDRESS _____	
CITY _____	PHONE _____

PLAYER #1 NAME: _____

GRADE: _____ SCHOOL: _____

Please indicate shirt size
____ ADULT LARGE
____ ADULT MEDIUM
____ ADULT SMALL
____ YOUTH LARGE
____ YOUTH MEDIUM
____ YOUTH SMALL

PLAYER #2 NAME: _____

GRADE: _____ SCHOOL: _____

Please indicate shirt size
____ ADULT LARGE
____ ADULT MEDIUM
____ ADULT SMALL
____ YOUTH LARGE
____ YOUTH MEDIUM
____ YOUTH SMALL

PLAYER #3 NAME: _____

GRADE: _____ SCHOOL: _____

Please indicate shirt size
____ ADULT LARGE
____ ADULT MEDIUM
____ ADULT SMALL
____ YOUTH LARGE
____ YOUTH MEDIUM
____ YOUTH SMALL

_____ **Yes**, I would like to be a volunteer coach for my daughter's basketball team.

Name _____ Phone# _____

E-mail Address _____ Adult Shirt Size _____

_____ **No**, I can not be a volunteer coach for my daughter's basketball team.

Sometimes parents would like to see their daughter(s) on the same team as another player for transportation reasons. These requests will try to be honored but are not a guarantee. If you would like to have your daughter on the same team as another player because of **transportation issues only**, please provide the name of the player below. **NO MORE THAN 1 REQUEST PER PLAYER!**

Player Name _____

I hereby release Bay Port High School and all officers, employees and/or any one connected with the basketball league from all responsibility for damages or injuries while my child participates in the BAY PORT GIRLS YOUTH BASKETBALL LEAGUE. I certify that my child is in good health and able to participate in this league without risk to her health. I agree to allow my child to be treated by a licensed physician if necessary. I also understand that sporting activities can sometimes lead to injuries of participants.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____



PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature _____ Date _____

Athlete Agreement:

I _____ have read the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature _____ Date _____



Questions and Contact Information

Related to Concussion Law 2011 – Wisconsin Act 172

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply (*This document must be completed at the beginning of every athletic season*)

I participate in:

Football Baseball/Softball Basketball Hockey

Soccer Golf Volleyball Wrestling

Track & Field Cross Country Cheerleading Skiing/Snowboarding

Gymnastics Tennis Swimming & Diving

Other _____

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ **Relationship:** _____

Phone Number: _____

Name: _____ **Relationship:** _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.