



**2<sup>nd</sup> - 4<sup>th</sup> Grade Boys & Girls**  
**March 6 – April 12**  
**Tuesdays and Thursdays**  
**6:00PM – 8:00PM**  
**The Nixon Center**

Dear Parent or Guardian,

**We would like to invite all 2nd - 4th graders at your school to participate in the Leslie Youth Hoops League.**

**Our goal is to give all of the youth of Leslie County the ability to enjoy and be taught the game of basketball through fundamental drills and a balanced and diversified league.** The league will run for 6 weeks with the first week of the league being a training camp where players will go through a number of drills allowing for the evaluation of players for balanced team assignment. This allows for parity among the teams giving each a great chance of winning. **After the first week players will be assigned to fairly balanced teams and we will begin league play.** League play will run 4 weeks and the schedule of games and amount of games played will depend on the amount of teams we have in the league. **Each team will have the same amount of players and each player on each team will play the same amount. If a player does not get to play the same amount one game, a chart is kept to assure the next game the minutes are balanced.** Once league play is over, seeding for the tournament will take place and the last week of the season will consist of a single elimination tournament.

**Players will be responsible for \$12 to pay for their team t-shirt and it is theirs to keep.** Team t-shirt numbers will be assigned based on players last name alphabetically aligned with numbers from smallest to largest. (ex. Adams #1, Asher #2, Baker #3, Wells#4)

**Players will be taught various aspects of**

Ball Handling

- Dominate Hand Dribble
- Weak Hand Dribble
- Cross Over Dribble
- Hesitation Dribble
- Trap Dribble
- Inside Out Dribble
- Pull Back Dribble

Shooting

- Know your range
- Proper Mechanics of Shooting
- Layup Skips
- 2 Line Shooting
- Block Shooting
- Freethrows

Rules

- Offensive
  - Defensive
- Passing and Receiving
- Triple Threat
  - Ripping the Ball
  - Beating your Man
  - Entry Passing
  - Bounce, Chest, Skip, and Push Passing

Transition Offense/Defense

- Stop the Ball
- Never leave the ball
- 2 on 1 - Hand and Foot
- Get Wide
- Filling the Lanes

Moving

- Pick and Roll
- Getting Open (Basket Cutting, V-cutting, L-cutting, Curling, and Flairing)

Defense and Rebounding

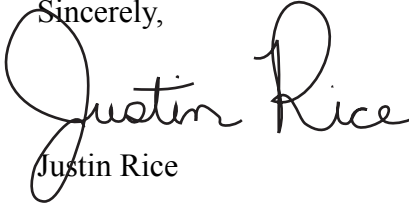
- Proper Stance
- Stepping through a screen
- Check, Spin, and Pin
- Ball Screen Defense
- Ball – You – Man
- Deny Position
- Jumping to the Ball
- Helping
- Communication
- Zone and Man to Man

**League training camp will begin on Tuesday, March 6 at The Nixon Center from 6:00PM to 8:00PM and player registration forms must be brought the day of the first training camp along with proof or verification of player sports physicals.**

**Sportsmanship is valued highly in our league.** Any player or attending person who fights, uses foul language, bullies, or who's behavior is violent or threatening will be removed from the session and either suspended or removed from the league if neccessary. **REMEMBER, eventually all players will go to school and participate in athletics together at Leslie County High School.**

**We look forward to having a great league and teaching your child the game of basketball.**

Sincerely,

A handwritten signature in black ink that reads "Justin Rice". The signature is written in a cursive style with a large, looping initial "J" and "R".

Justin Rice

# PLAYER REGISTRATION



Child's Name: \_\_\_\_\_ ( ) Male ( ) Female

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Height: \_\_\_\_\_

Shirt Size:

( ) Youth S ( ) Youth M ( ) Youth L ( ) Adult S ( ) Adult M ( ) Adult L ( ) Adult XL ( ) Adult XXL

## Emergency/Medical Information

All participants should consult a doctor to determine their health status and should be supervised by a guardian during the hours of participation.

Guardian's Name(s): \_\_\_\_\_

Home #(s) \_\_\_\_\_ Cell #(s) \_\_\_\_\_ Work #(s) \_\_\_\_\_

## INSURANCE

All participants are strongly encouraged to be covered by a personal or family medical plan including hospitalization, before they participate in this program. I certify that the applicant is covered by such a plan.

( ) Yes they are covered ( ) No they are not covered

Allergies: ( ) Yes ( ) No Asthma: ( ) Yes ( ) No Heart Disease: ( ) Yes ( ) No

( ) Other \_\_\_\_\_

Medications: ( ) Yes ( ) No

If Yes List: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group # \_\_\_\_\_

I/We agree that in case of an emergency when time or circumstances make it impractical to secure our prior approval CYBL officials are authorized to take whatever actions are deemed necessary in their best judgment to protect the health and welfare of our child. This includes, but is not limited to securing emergency services, anesthetics, medical specialists and hospital admissions. Initial: \_\_\_\_\_

**WAIVER & RELEASE OF ALL CLAIMS**

**PLEASE READ THIS FORM CAREFULLY AND BE AWARE THAT IN SIGNING UP AND PARTICIPATING YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN OUT OF THIS PROGRAM.**

“As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which I may sustain as a result of participating in any and all activities connected with such program.” I agree to waive and relinquish all claims that I may have as a result of my (or my child’s) participation in the league.” I further agree to indemnify and hold harmless and defend the Leslie County School System and the Leslie Youth Hoops League, and its officers, agents, servants, and employees from any and all claims resulting from injuries, including damage and losses sustained by me (or my child’s) immediate care and agree that I will be responsible for payment of any and all medical services rendered.”

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER & RELEASE OF ALL CLAIMS.

Parent or Guardian signature required for those under 18.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**LESLIE YOUTH HOOPS LEAGUE EXPECTATIONS OF PARENTAL BEHAVIOR**

It is the intention of the Leslie Youth Hoops League to provide children in our community the opportunity to play basketball in a positive environment. We ask for your full cooperation in the following ways:

- Spectators shall be cooperative and respectful to league staff.
- Spectators shall be cooperative and respectful to coaches, referees, visitors and others in attendance at our practices and games.
- Profanity or other aggressive behavior will not be tolerated, and is subject to discipline imposed by Leslie County School District, Hyden Police Dept. and administrators of the league.
- Please cooperate with your instructors by attending and being punctual to practice and games.
- Please dry shoes before entering gym and dispose of any trash before leaving.
- Display good sportsmanship. We support a program that builds character for the children of our community.
- Exit doors to the gym must not be blocked.
- Due to safety reasons, do not climb on the bleachers.
- No tobacco products or Alcoholic beverages used in or on facility property.
- Respect the high school facilities and their requests for no running in the lobby, bouncing balls, or other inappropriate activity in the building.
- No Bullying

I have read and agree to support the Leslie Youth Hoops League of Parental Behavior

Print Parent’s Name: \_\_\_\_\_

Child’s Name : \_\_\_\_\_ Grade: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_