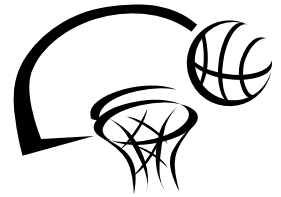
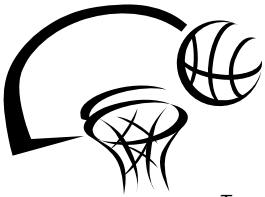


HOPKINS ROYALS BOYS BASKETBALL ASSOCIATION

For additional information go to: www.hrbbabasketball.net



We invite boys in grades 5-8 to try out for HRBBA's 2009-2010 traveling basketball season. HRBBA is a volunteer-run organization offering boys in the Hopkins School District a basketball program where they can develop skills and knowledge in a competitive atmosphere.

Practices are held two to three nights per week from October to March.

Teams play in 11 weekend tournaments beginning in early November and continuing through March.

FEES:

\$340 (\$315 after first player/family) plus a \$300 tournament volunteer deposit. Partial or full scholarships are available for players receiving free or reduced lunch. Scholarship Applications will be available at tryouts. Additional expenses for each family will include daily admission fees and travel expenses for eleven tournaments, as well as hotel & meal expenses for the Rochester, MN tournament.

Parents are required to work at the HRBBA tournaments on January 16-17 and/or January 23-24 – your volunteer deposit will be returned after completing assigned work shift (average of 8 hrs per player).

BOOSTER DONATIONS:

As a 501c(3) non-profit organization all donations to HRBBA are 100% tax deductible. We welcome and greatly appreciate additional booster donations to assist with fee waivers and other expenses such as equipment, practice facilities and outside tournament costs.



ELIGIBILITY:

Players in grades 5th – 8th must attend a school or live within District 270 boundaries. 4th graders may tryout for a 5th grade team.

SELECTION PROCESS:

Tryouts will be conducted by grade level with selection based on independent evaluators and HRBBA coaches' assessment of skills and qualities for team building. Parents are not allowed in the gym during tryouts.

PLEASE NOTE: this is a competitive program – not every player who tries out will be selected for a team. There will be a maximum of (3) teams per grade level (5th, 6th, 7th & 8th). Each team will carry a minimum of 8 players and a maximum of 10 during the 2009-2010 season.



2009-10 REGISTRATION AND TRYOUTS – October 3 & 4, 2009

LOCATION: Eisenhower Community Center Gyms, 1001 Highway 7, Hopkins 55305

Players are expected to attend both tryout sessions. ALL players must be signed in by a parent or legal guardian at registration. There will be a mandatory meeting for all parents following registration.

PLEASE BRING THE FOLLOWING TO REGISTRATION:

- A COPY OF PLAYER'S BIRTH CERTIFICATE **NEW PLAYERS ONLY**
- A COPY OF FREE/REDUCED LUNCH VERIFICATION IF REQUESTING A SCHOLARSHIP
- REGISTRATION FEE, VOLUNTEER DEPOSIT (both will be returned if player does not make a team) AND COMPLETED REGISTRATION FORM – available on our website, or at tryouts.
- WATER BOTTLE ***DO NOT BRING A BASKETBALL***



5 th Grade		6 th Grade	
Saturday, October 3 <i>*Mandatory meeting for all 5th Grade parents at NOON in the Eisenhower Boardroom</i>	Registration: 11:30 AM – 12:00 PM Tryouts: 12:00 PM – 2:00 PM	Saturday, October 3 <i>*Mandatory meeting for all 6th Grade parents at 2:00 pm in the Eisenhower Boardroom</i>	Registration: 1:30 PM – 2:00 PM Tryouts: 2:00 PM – 4:00 PM
Sunday, October 4	Player Check-in: 11:30 AM – 12:00 PM Tryouts: 12:00 PM – 2:00 PM	Sunday, October 4	Player Check-in: 1:30 PM – 2:00 PM Tryouts: 2:00 PM – 4:00 PM
7 th Grade		8 th Grade	
Saturday, October 3 <i>*Mandatory meeting for all 7th Grade parents at 4:00 pm in the Eisenhower Boardroom</i>	Registration: 3:30 PM – 4:00 PM Tryouts: 4:00 PM – 6:00 PM	Saturday, October 3 <i>*Mandatory meeting for all 8th Grade parents at 6:00 pm in the Eisenhower Boardroom</i>	Registration: 5:30 PM – 6:00 PM Tryouts: 6:00 PM – 8:00 PM
Sunday, October 4	Player Check-in: 3:30 PM – 4:00 PM Tryouts: 4:00 PM – 6:00 PM	Sunday, October 4	Player Check-in: 5:30 PM – 6:00 PM Tryouts: 6:00 PM – 8:00 PM

If a player has a conflict with his assigned time on Saturday, please contact Wanda Rozek, (763)545-3486, for arrangements to tryout with another grade level. Players must make every effort to attend tryouts at the designated time on Sunday.

Questions: Bryan Beak, bryanbb2@yahoo.com

For Official HRBBA Use Only:

Payment: CASH or Check# _____	Booster Donation	Birth Certificate	Tryout#
<input type="checkbox"/> Full <input type="checkbox"/> Partial \$ _____	<input type="checkbox"/> \$25.00 <input type="checkbox"/> \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Scholarship Application		
	<input type="checkbox"/> Free/Reduced Lunch Verification		
<input type="checkbox"/> Volunteer Deposit Check # _____			

2009-2010 HOPKINS ROYALS BOYS BASKETBALL ASSOCIATION REGISTRATION FORM

First:	MI:	Last:	School in Fall 2009:	Grade in Fall 2009:
Address:			City:	Zip:
Home Phone:		Date of Birth:	Uniform Size:	
Parent/Guardian Name:			Parent/Guardian Name:	
Home Phone, if different than above:			Home Phone, if different than above:	
Email:			Email:	
Cell Phone:			Cell Phone:	
EMERGENCY CONTACT NOT LIVING WITH YOU (other than Mother or Father):				Phone:

★ **UNIFORMS (Returning players):** Please help HRBBA and reuse your uniform from last year!
 ___ Check here if you are able to use your uniform from **last year**.

★ **PARENT AGREEMENT:**

- ___ I/we the undersigned parent or guardian of the above player, hereby give approval for his participation in any and all of the activities of the Hopkins Royals Boys Basketball Association (HRBBA) including but not limited to try-outs, practices and tournament play. I/we assume all risks and indemnify and hold harmless the HRBBA and its organizers, sponsors, coaches and supervisors.
- ___ I/we further verify that the above player attends a Hopkins School District 270 school or lives within the District 270 boundaries and is enrolled in the grade indicated above.
- ___ I/we hereby agree to indemnify and hold HRBBA, its organizers, sponsors, coaches, supervisors and/or participants harmless for any claim of liability for injuries or loss both during and to/from practices, games or tournaments. I/we have adequate insurance or will be personally responsible for all medical expenses incurred.
- ___ **I/we agree to cover all work shifts assigned for the HRBBA tournaments.**
- ___ I/we agree that if a serious injury or illness occurs, my child will have a physician's signed statement for continued participation.
- ___ I/we will take responsibility for providing or securing transportation of my child to practices, games and tournaments.
- ___ I/we agree to cover the expense of uniform replacement in the case of loss or damage.
- ___ I/we will demonstrate a positive attitude and good sportsmanship skills and show respect towards coaches, players, spectators and officials.

SIGNED: _____ **DATE:** _____

SIGNED: _____ **DATE:** _____

★ **PLAYER AGREEMENT:**

- ___ I will abide by the HRBBA Drug Policy that states that, regardless of quantity, a player shall not possess, consume, buy, sell or distribute (1) alcohol, (2) tobacco or (3) any controlled substance. Violation of this policy is grounds for removal from the program.
- ___ I will attend all practices, games and tournaments or notify my coach in advance of any absences.
- ___ I will demonstrate a positive attitude and good sportsmanship skills and show respect towards my coaches, teammates, opponents and officials.

SIGNED: _____ **DATE:** _____