



FALL 2023 LITTLE SAINTS BASKETBALL

Building the Future

Program for Boys & Girls: Open to Anyone (Students & Non-Students)

NOVEMBER 4th – Registration, Evaluation & Team Placement (By Age)

4-5-6 year olds: 9- 10am

7-8-9 year olds: 10-11am

10-11-12 year olds: 11am-12pm

13-14-15 year olds: 12-1pm

Registration Open until December 8th

Cost: \$30 per student

Practice Schedule (Boys & Girls)

Game Schedule (Times TBA)

November 11, 18 & December 2		2023	December 9 (Early game)
4-5-6 year olds	8-9am		December 16
7-8-9 year olds	9-10am		December 30
10-11-12 year olds	10-11am	2024	January 6 (Early Game)
13-14-15 year olds	11am-12pm		January 13 (Early game)
			January 20
			January 27
			February 3
			February 10
			February 17

**All practices and games held at LCA's Gym.
Contact Coach Ron Combs with Questions: (540) 664-9383**

Dear Parents,

Welcome to **Little Saints Basketball!**

We will have **Four (4) Co-Ed Divisions** (unless there are enough to have 4 teams of each gender); with 8-10 players on each team. Players will need a health form and completed registration form to participate.

Division 4 LBA – Ages 4, 5 & 6 years old
Division 3 CBA – Ages 7, 8 & 9 years old
Division 2 ABA – Ages 10, 11 & 12 years old
Division 1 NBA – Ages 13, 14 & 15 years old

Cost: FREE

Teams will be sponsored by Local Businesses. Each player will receive a Little Saints jersey with the Sponsor's Logo on the back.

Legacy Parents & Players will coach. *Coaches will need to have Background check.*

Contact me to volunteer, for sponsorship opportunities and/or any questions.

Sincerely,

Coach Ron Combs

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Registration Form

Child's Name: _____

Age: _____ Birthday: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____

Phone No.: _____

Parent/Guardian Name: _____

Phone No.: _____

Emergency Contact Name: _____

Emergency Contact No.: _____

I am willing to _____ Coach _____ Ref _____ Sponsor a Team (\$200 Sponsorship)

I/we agree to hold Legacy Christian Academy and its agents harmless of any liability resulting from injuries sustained during any sports activity, school function, or loss of property. I/we give consent for my student to receive medical treatment when deemed necessary by the Athletic Director or LCA Personnel.

Print Parent/Guardian's Name: _____

Signature: x _____

Date: _____ Email: _____

Print Parent/Guardian's Name: _____

Signature: x _____

Date: _____ Email: _____