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**2018 WINTER HS INTRAMURAL PROGRAM – ABOUT**

* **Program Objective**: The HS intramural program is designed to deliver a fun and exciting basketball experience, and the opportunity to learn and enhance core basketball skills including:
  + Shooting
  + Ball handling
  + Defense
  + Conditioning
* **Program includes**: 10 game regular season plus playoffs & championships.
* Weekly clinics lead by experienced Titans Basketball coaches; and a
* Team jersey
  + **COST: Only $150 per player**

**4 v. 4 GAME FORMAT & LEAGUE RULES**

* Games in the HS intramural division will consist of a 4 on 4 format.
* League rules include:
  + 2 twenty (20) minutes halves of running time, with stop clock in the last 2 mins of each half;
  + Mandatory substitutions at 15, 10, and 5 minute marks of each half; and
  + Rosters consisting of 6-7 players ensuring quality playing time for all participants.
* Players will be assigned to teams by Titans coaches and play against teams from different parts of Long Island.

**PROGRAM LOCATIONS – WHERE WILL GAMES/CLINICS BE LOCATED?**

* **GAMES**: All games will be played at one of Long Island’s premiere sports facilities, the Long Island Sports Hub, in Syosset, NY, located at (165 Eileen Way, Syosset).
* **CLINICS**: All clinics will be held at the Family Life Center located at 20 Andrews Avenue, Wyandanch NY, from 8pm-9pm on Thursday evenings.

**For more information please call or email**: 631.553.9364 / [jcohen@titansbball.org](mailto:jcohen@titansbball.org)

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| **2018 winter hs intramural program registration form** | | | |
| **participant Information** | | | |
| Name: | | | |
| Date of birth: | Age: | | Grade: |
| Address: | | | |
| City: | State: | | ZIP: |
|  | | | |
| **PARENT/LEGAL GUARDIAN Information** | | | |
| Name: | | | |
| Home Phone: | Work Phone: | | Cell Phone: |
| Email: | | | |
| **Emergency Contact** | | | |
| Name: | | Relationship: | |
| Address: | | | |
| City: | State: | Zip: | |
| Home Phone: | Work Phone: | Cell Phone: | |
| **mEDICAL INFORMATION** | | | |
| Participant’s Medical Information (*Please indicate any medical conditions*): | | | |
|  | | | |
| Participant’s Allergies: | | | |
| **parental agreement** | | | |
| I, the parent/guardian of my son/daughter, am aware of the nature of this activity and I hereby give permission for him/her to participate in the basketball program. I hereby waive, release, and agree to hold harmless Schoolwide Education Corporation, its officers, directors, organization, coaches, participants, consultants, volunteers or the facility where play is performed, from any claim arising from any injury or loss to my child. | | | |
| Signature: | | | Date: |

*Referred by:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_