

Youth Basketball Winter League 2021

Due to the circumstances, NO special requests for game scheduling

Register By: December 9, 2020

Register at the Rec Center or via phone

Season Begins: January 9, 2021

Fees: Non Resident \$63.50

Non Resident w/o jersey \$58.50

City Resident \$50.00

City Resident w/o jersey \$45.00



Leagues:

1st Grade (co-ed) games played at Dora Erickson (16 teams maximum allowed)

2nd Grade (co-ed) games played at Long Fellow (16 teams maximum allowed)

3rd Grade (co-ed) games played at Tie Breaker (16 teams maximum allowed)

4th Grade (girls) games played at Compass (8 teams maximum allowed)

4th Grade (boys) games played at Navy Gym (16 teams maximum allowed)

5th Grade (girls) games played at Compass (8 teams maximum allowed)

5th Grade (boys) games played at Eagle Rock (10 teams maximum allowed)

6th Grade (girls) games played at Eagle Rock/Idaho Falls Aux Gym (10 teams maximum allowed)

6th Grade (boys) games played at Idaho Falls Aux (10 teams maximum allowed)

- **Play 1 game a week for 8 weeks, 8 game schedule.**

***** Due to limited Gym space, our leagues will give registration preference to City and Bonneville county teams first. Others will be allowed as space is available. Teams from other counties must call and be put on a wait list to be added in the order that they were received as space is available. Out of County teams will be notified two days after registration has ended if allowed in.

***** The city is unable to provide practice space for teams. Contact your local school district to learn of any available school use for practices.

Coaches/Parent meeting will be held TBA.

Registration Information:

- **Mandatory coach background check form included in packet. (Good for 2 years)**
- **This packet includes waivers which must be signed by each participant's parent or legal guardian. Waivers are good for one year.**
- **Rosters MUST be accompanied by all fees and waivers when turned in. DO NOT instruct your players to come in to pay separately.**
- **If you need additional players call the Recreation Center at 612-8580.**

City of Idaho Falls

Junior Basketball Regulations

1st - 5th grade

General

1. All boys/girls must play in the game.
2. Rim heights-subject to change depending on where games are played.
3. 8 ft for 1st-2nd grade.
4. 9ft for 3rd grade.
5. 10ft for 4th -5th grades.
6. Substitutions: 1st- 3rd grade, substitutions will be done half way through each quarter.
7. 4th - 6th grade substations must be done on dead ball.
8. A junior size (27.5) will be used for 1st-3th grade.
9. A girl's size (28.5) ball will be used 4th-5th grade.
10. Four (4) players needed to begin the game.
11. Teams must play equal number of players if a team is short players. (4 on 4 or 3 on 3)
12. No play-offs in these divisions.
13. No abusive language or behavior to the players or officials. The officials are doing their best.
14. This league is for the kids to learn the game of basketball. You do not have to agree with our adaptations but you do need to follow them.

Timing

1. Four (4) eight (8) minute quarters. The clock will run continuously except the clock will stop on first free throw until the shooter has the ball then it will resume, this will eliminate wasted time while the kids get line up properly.
2. Three (3) minute halftime.
3. Two (2), one minute timeouts per half
4. Games need to begin on time. Please do not be late. If late, clock will start 5 minutes after scheduled game time and teams will play the remaining time once game starts.
5. Clock stops last two minutes of fourth quarter unless lead is 10 points or greater for grades 4th-5th.
6. Clock stops 4 minutes into each quarter for 1st-3rd grade for quick substitutions.
THIS IS NOT A TIME OUT. Game will be started again immediately.

Violations

1. No key will be called.
2. No back court will be called.
3. No ten second line is used. (Referee will prevent stalling).
4. No full court press allowed, defense can pick up their man at half court.
5. No shot blocking in grades 1st-3rd unless it occurs when hands are straight up.
6. Violations in grades 1st-2nd do not result in a turnover (team retains possession and does a throw in).
7. No Stealing in 1st-3rd grades, except on a pass.

Scoring

1. Will not be kept 1st-3rd grades, **Will** be kept 4th-6th grades.
2. Score will not be displayed on the clock when point difference is greater than 15 but will be updated at the scorer's table by the score keeper.

Fouls

1. Fouls will not be recorded in 1st-3rd grades
2. Foul shots will not be shot in 1st-3rd grades
3. Player fouls will be recorded in 4th-5th grades
4. Player fouls out after 5th foul in 4th-6th grades
5. No Bonus

Defense

1. Man to man defense only. No zone defense.
2. No double teaming. Double teaming will not be called if a player gets by his man and another defensive man steps up to help, however once original defender recovers help defense must return immediately to their player.
3. When a player dribble next to their own teammate and causing another defender to be "within reach" then the "in reach defender" may steal the ball in 4th – 6th grade if he/she can do so without taking a step in any direction to steal the ball.

Free Throws

1. Free Throws will not be attempted in 1st-3rd grades.
2. Shooters must start from behind the line. If a shooter crosses the free throw line a violation **will not** be called.
3. Players in free throws spaces must remain in space until ball is released, shooters and all players behind the three point line must wait until ball hits the rim.
4. Rules may be added or changed at any time if necessary.

6th Grade Jr. Basketball League Rules

Follow High School Basketball rules with the following adaptations:

1. All Players must play in the game regardless of skill or ability.
2. 4 eight minute quarters with a running clock, clock will stop on first free throw until the shooter has the ball then it will resume, this will eliminate wasted time while the kids get line up properly.
3. Half time is 3 minutes.
4. 4 players needed to begin game.
5. No Bonus.
6. Any defense.
7. Double team is **not** allowed if lead is **more** than 10 points.
8. Full court press is **not** allowed if team is up by **more** than 10, must pick up man at half court.
9. Clock stops last two minutes of 4th quarter if lead is 10 points or less.
10. 2-one minute time outs per half.
11. Score is not displayed if lead is 15 points or more, but is updated in books.
12. A girl's size ball 28.5 will be supplied. If both coaches agree, a full size 29.5 ball may be used.
13. One three minute overtime period may be played, unless games are behind scheduled start times. No timeouts may be called.

Game will begin on time so please do not be late. If one or both teams are late the game clock will start after five minutes and teams will play remaining time. Remaining quarters will be shortened if necessary to remain on time.

If one or both teams are not ready to play ten (10) minutes from original game start time then a forfeit will be called

Youth Basketball Team Roster

Team Name/School:	
Grade/Division:	
Coach Name:	Phone # texting:
Address:	
E-mail: (print clearly)	

	Paid	Name	Address	Phone #	Shirt Size
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Youth Basketball Shirt Order Form

Team Name/School: _____

Grade/Division: _____

Coach Name: _____

Phone # Texting: _____

E-mail: (print clearly) _____

Size	Quantity
Youth Small	
Youth Med	
Youth Large	
Youth X Large	
Adult Small	
Adult Med	
Adult Large	
Adult X Large	

The city of Idaho Falls Parks & Recreation Dept. is asking each coach and parent to adhere to the following:

Coaches' Code of Ethics

- I will place the emotional and physical well-being of my players ahead of any personal desires to win.
- I will remember to treat each player as an individual, remembering the large spread of emotional and physical development for the same age group.
- I will do my very best to provide a safe play situation for my players.
- I will do my best to organize practices that are fun and challenging for all my players.
- I will lead, by example, in demonstrating fair play and sportsmanship to all my players and the officials.
- I will remember that I am a youth coach, and that the game is for children and not adults.

I understand that breaching any part of the Code of Conduct can result in being removed from the playing area by the umpire/referee or any other employee/designated authority, forfeiting my opportunity to coach or watch the remainder of the game.

Coaches Name(Printed): _____

Coaches Signature: _____ **Date** _____

Youth Sports Coach Background Check Authorization Form

DISCLAIMER AND RELEASE AGREEMENT

This release and authorization acknowledges that we may now, or any time while you are employed, renting or volunteering for the City of Idaho Falls, conduct a verification of your motor vehicle records, and receive any criminal history record information pertaining to you that may be in the files of any federal, state, county or local criminal justice agency and or other information as deemed necessary to fulfill the job/volunteer requirements. The results of this verification process will be used to determine whether you will be allowed to volunteer with youth participants in any Parks and Recreation program. I hereby certify that the information provided by me for this purpose is true and complete to the best of my knowledge and understand that if I am accepted, any false statements or omission will be considered as cause for dismissal/removal.

.....

First Name: _____ Full Middle Name: _____ Last Name: _____

Alias/Married/Maiden Names: _____ Drivers License #: _____

Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

.....
Please list all addresses lived in during the past 7 years. (Use backside for additional space)

Current Address	City	State	Zip	From/To

Former Address	City	State	Zip	From/To

Former Address	City	State	Zip	From/To

.....
 Do you have any Misdemeanor Charges: YES NO

If Yes, please explain: _____
 _____ Do

you have any Felony Charges: YES NO

If Yes, please explain: _____

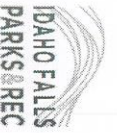
Printed Name of Coach: _____

Signature of Coach: _____

Today's Date: ____/____/____

Phone Number: (____) _____

THIS FORM MUST BE RETURNED 2 WEEKS PRIOR TO 1st GAME IN ORDER TO ALLOW SUFFICIENT TIME FOR BACKGROUND CHECKS TO BE PROCESSED!
Background checks must clear before anyone is allowed to coach



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Parent/Guardian Name: _____

Emergency Contact Number: _____

Student' allergies or significant medical conditions: _____

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Parent/Guardian Signature _____ Date _____

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

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This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the undersigned.

Parent/Guardian Signature _____ Date _____



City of Idaho Falls Parks & Recreation Release Form

Student Name: _____

Parent/Guardian Name: _____

Emergency Contact Number: _____

Student' allergies or significant medical conditions: _____

As a parent or guardian of a participant in this recreation program/activity, I understand the inherent risks that are associated with all athletic & recreational activity. I do hereby waive any and all claims for personal injury which may occur while he/she is participating in this program/activity.

Parent/Guardian Signature _____ Date _____

Authorization for Medical Treatment/Indemnification

I hereby authorize and give my consent to the City of Idaho Falls and its officers, agents and employees and any licensed physician to perform upon or administer to my child, as identified above, any reasonable and necessary medical, surgical or emergency treatment as necessary in their best judgment to stabilize his/her condition or to preserve life or limb. I further agree to pay for all necessary medical treatment as so authorized and to hold harmless and release the City and its' officers or agents from any obligation or responsibility with respect thereto. I further represent that such child has no condition, illness, disease, disability or other limitation that would pose any potential risk of bodily harm or injury to such child, or any other child, except as disclosed above. I further represent that such child has no allergy to any medication or other condition limiting the administration of drugs or medication, except as otherwise disclosed above.

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