

Community Services

Middle School Spring Developmental Basketball League

Come test your skills versus the best Charles County has to offer in the first Department of Community Services Middle School Spring Developmental Basketball League. This league is designed to allow middle school students who have dreams of playing high school basketball an opportunity to play against their peers. Players will practice twice a week during preseason and once a week during the regular season with practices starting at 6:00pm (weekdays), and Saturday starting at 10:00am. There will be an eight game regular season with playoffs. Games will be scheduled for Tuesdays, Wednesdays, Thursdays, and Saturdays. All divisions will be countywide. Divisions are based on grade level. Must show proof of age at time of registration. Players can only play at the middle school community center they currently attend. Those attending private school must play for the center in their appropriate school zone. Games will be played twice a week. Postseason tournament will be played at local-area high schools. Players will receive a team shirt and shorts along with a participation award at the conclusion of the season.



Earn A Refund!

If you volunteer to coach, you will receive a 50% refund off of your child's registration fee, if selected to coach. This refund applies to one participating child only. The refund will be processed after the first game. Please do not exclude the refund from your enrollment fee.

Code of Conduct

Purpose & Intent

Participation in sports can be a great learning experience for players, coaches, referees, parents, and administrators alike. These experiences often transfer into our daily lives at home, school, and the office during our recreational time.

The Department of Community Services Recreation Division has developed this Code of Conduct to establish standards for participation in all sports programs. All participants are encouraged to adopt these policies in order to provide a positive and rewarding experience for everybody involved in the programs. The Code of Conduct is based on sportsmanship and fair play while creating a fun and positive environment for all involved.

Player

- Play for fun and enjoyment of the sport.
- Winning is a consideration, but not the only one, nor the most important one.
- Work hard to improve your skills.
- Be a team player—get along with and cooperate with your teammates.
- Learn teamwork, sportsmanship, and discipline.
- Learn the rules and play by them. Always be a good sport.
- Respect your coaches, teammates, parents, opponents, and the officials.
- Never argue with decision of official or coach.
- Respect the school and facilities; without them, you wouldn't have a place to play.

Parent & Spectator

- Display good sportsmanship. Always respect players, coaches, and officials.
- Know and study the rules of the game and support the officials.
- Act appropriately; do not taunt or disturb other fans. Enjoy the game.
- Cheer in positive manner, encourage fair play.
- Do not embarrass children by yelling, booing, or criticizing. Be supportive.
- Do not use foul language.
- Applaud good effort in victory or defeat.
- Recognize the importance of volunteer coaches.

Sports League Registration Information

—Late registrations will only be accepted at the Department of Community Services in La Plata from Feb 26-Mar 1. When registering late, you must include the \$15 late fee.

—Proof of age required for all new registrants at the time that you register child for sports programs. No exceptions to this rule.

—Community Services cannot guarantee carpool requests, practice location requests, or requests for a particular coach.

—Phone-in registrations cannot be taken for sports leagues due to the volume of information required. No exceptions to this rule.

Online registration for returning registrant requirements are:

—You **MUST** “sign” the Code of Conduct acknowledgment.

—Though returning registrants will no longer be required to show proof of age at registration, if requested by the Department of Community Services, proof of age must be provided within three days of the request.

—If registering online, you must provide child's date of birth, T-shirt and short sizes, and confirm that you are a previous basketball league participant.

See side 2 for age groups, locations, and league registration form

MIDDLE SCHOOL SPRING DEVELOPMENTAL BASKETBALL LEAGUE REGISTRATION

Age as of January 1, 2007

Use the code next to your grade/gender then add center ID for the school your child either attends, or for private school students that they are zoned to attend.

(Ex. code: 5130.HA6 = 6th Grade/Boys@ Hanson Community Ctr).

Grade/Gender	Code	Grade/Gender	Code
6th Grade/Boys (Age: 11-13)	5130	6th Grade/Girls (Ages 11-13)	5140
7th Grade/Boys (Age: 12-14)	5131	7th Grade/Girls (Ages 12-14)	5141
8th Grade/Boys (Age: 13-15)	5132	8th Grade/Girls (Ages 13-15)	5142

Community Center ID:

Hanson (HA)
Henson (HE)
Mattawoman (MA)
Piccowaxen (PI)
Smallwood (SM)
Somers (SO)
Stoddert (ST)



CHARLES COUNTY MARYLAND
Where Eagles Fly™

Department of Community Services • 8190 Port Tobacco Rd, Port Tobacco, MD 20677
301-934-9305 • 301-870-3388 • 301-932-6004 • MD Relay Service: 711 • Relay TDD: 1-800-735-2258
Equal Opportunity County • Say No To Drugs • www.charlescounty.org/cs

REGISTRATION

Please print. One Form Per Participant

Parent/Guardian Information

Name _____
Street Address _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Emergency Name & Phone _____

Are you interested in coaching: Yes ☐ No ☐ Circle your choice age group:
School grade you would like to coach: [Boys] [Girls]
Grade: (6th) (7th) (8th)

Participant Information

Current Age: _____

Participants Name: First _____ Last _____ Birthdate _____
Sex (circle) M F Special Health Conditions _____

Program Title: **Middle School Spring Developmental Basketball League**

Program Date(s): Practice Begins: Mar 12 (estimate) • Post Season Tournament: May 18 & 20

Code ☐☐☐☐ Community Center ☐☐ Grade ☐

Registration Fee: \$75 • Late Registration: Feb 26-Mar 1 with add'l \$15 late fee
Make checks payable to Charles County Commissioners

Height _____ Weight _____ Experience in Years _____ (Provide number of years played in this sport)

I/my child will abide by the Code of Conduct shown on this flier. INITIAL: _____

Please include proof of age in the form of birth certificate, passport, or baptismal certificate if registering for the first time with Community Services. Registrations will be returned if we do not receive proof of age.

Shirt & Short Sizes: (Circle One)

Selecting the proper shirt size is the responsibility of the parent/guardian. SIZES MAY RUN SMALL.

Shirts: Youth Size: 10-12 14-16 Adult Sizes: S M L XL Other: _____

Shorts: Youth Size: 10-12 14-16 Adult Sizes: S M L XL Other: _____

No confirmations will be sent. You may assume you are registered unless otherwise contacted. The Department of Community Services is not responsible for program cancellations due to Charles County Public Schools programming. I agree to participate or to allow my child to participate in these programs knowing that safety precautions will be taken but realizing that the Charles County Department of Community Services does not have accident insurance for participants. I do hereby release and hold harmless Charles County, Maryland, its officials, employees, instructors, and volunteers from any and all liabilities arising from any injuries that might occur during the supervised programs. I also authorize the Department of Community Services to take photographs of me/my child for promotional and/or educational purposes. I hereby state and declare that this information is freely, willingly, and voluntarily made.

Forms without signatures will be returned.

Signature _____ Date _____

Registration Office Use Only

Proof of Age: Yes ☐ No ☐ N/A ☐

Cash: _____ Check: _____ Money Order: _____ MasterCard: _____ Visa: _____

Name on check/credit card: _____ TOTAL \$ _____

Check/Credit Card #: _____ exp. _____

Drivers License #: _____ state _____ exp. _____

Staff initials: _____ Date Entered: _____ Regist #: _____

Walk In Mail Phone Fax • HA HE MA NCC PI SM SO ST WA DCS LK NP