

Mt. Royal Parent Athletic Association

2019 - 2020



Justin Fields/Christian Fellowship League

WINTER BASKETBALL LEAGUE

Season Starts – Sunday, December 8th, 2019



League Play Offs – March 7th & 8th 2020

LEAGUE INFO:

- GAMES PLAYED ST. BENEDICTS, LOCH RAVEN ACADEMY, KASA & CURLEY
- 8 GAMES GUARANTEED + PLAY - OFFS
- TEAM & INDIVIDUAL TROPHIES 1ST & 2ND PLACE
- ALL TOURNAMENT TEAM SELECTIONS
- CLOCK STOPS ON ALL FREE THROWS

Ages: 8U/10U/12U/14-Under
Age Deadline: December 1st, 2019

Contact:

Coach Corbett 410-419-3305

www.mtroyaleagles.com

League Cost:

300.00 Per team registration fee

(Ref fees **30.00** paid on the floor)

600.00 covers league and Play – Offs

Contact Coach Corbett for Multi – discount

Mt. Royal -Attention Darrell Corbett-121 McMechen Street Baltimore, Md. 21217

Team Name: _____ Age: _____
Address _____ City _____ State _____

Zip code _____ Phone _____ Cell phone _____

Email _____ Contact person _____

CERTIFIED CHECKS OR MONEY ORDERS ONLY – PAYABLE – *Mt. Royal Parent Athletic Association*

You must register online by November 27th to guarantee your spot.

Head Coach: _____
Address: _____
Phone: _____
Cell Phone: _____
Email/fax: _____

Assistant Coach: _____
Address: _____
Phone: _____
Cell Phone: _____
Email/fax: _____

Players Name	Date of Birth	School	Grade	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
Head Coach:				
Assistant Coach:				

I Head Coach of _____ certify that all information provided is correct and has been checked by me personally before added each player to the roster.

Coaches Signature: _____ Date: _____

No player can be added to the roster after Third Game.

All players must submit a contract with parental signatures to participate.

Mt. Royal Parent Athletic Association

121 McMechen Street
Baltimore, Maryland 21217
(410) 419 - 3305/ fax (410) 523 - 2885
www.mtrovaleagles.com

Justin Fields/Mt.Royal Christian Fellowship Contract

Team Name (in this league) _____

Player's
Last Name _____ First Name _____

Address: _____

City _____ Zip Code _____

Phone # _____ Birth Date _____ Age _____

Player's School _____ Grade _____

In case of emergencies or problems please contact the following:

Parent Name _____ Second Contact Name _____

Home Phone # _____ Home Phone # _____

Second Phone # _____ Second Phone # _____

Do you have any health conditions that can () Yes/ () No
Impact your participation in this program?

I certify that I hold harmless the Mt. Royal Parent Athletic Associations, GLRRC, Archbishop Curley High School High School Staff, its Athletic Department, their coaches or volunteers, St Benedicts Church or staff and their officers, employees and volunteers from any injury, illness or conditions that may arise as a result off their participation in this basketball program.

Player's Signature _____ Date _____

Coaches Signature _____ Date _____

Parent/Guardian Signature _____ Date _____