



Union Intramural Sports
Union Public Schools Athletic Department
6836 S. Mingo
Tulsa, OK 74133

Message Center: 918-357-7404
E-mail: unionintramurals@unionps.org
Website: www.unionps.org

Union Students (Boys & Girls) in Grades K-2
BASKETBALL REGISTRATION - SEPTEMBER 1 - OCTOBER 1, 2022

***Registrations received after November 17 will be placed on teams with available space. ***

COST IS ONLY \$50.00 per student

General Information

Practices begin after October 17, 2022. Games begin November 5 and end December 17, 2022.

Practices are twice a week with days and times determined after team formation.

A total of 8 games will be played at Union facilities.

THREE WAYS TO REGISTER

ONLINE - CREDIT CARD

<https://ok-union.intouchrecepting.com>



use the camera on
your phone to
access the QR Code

**IN PERSON TAKE FORM &
CASH/CHECK/CREDIT CARD**

U-Wear Store

1st Floor of UMAC - M-F 10am-5pm

Union Athletic Department

2nd Floor of UMAC - M-F 9am-4pm

BY MAIL - MAIL FORM & CHECK

Union Athletic Department

c/o Union Intramural Sports

6836 S. Mingo Rd.

Tulsa, OK 74133

CUT OFF TOP PORTION (ABOVE DOTTED LINE) OF THIS REGISTRATION FORM AND KEEP FOR YOUR REFERENCE

INTRAMURAL BASKETBALL K-2

PLEASE PRINT CLEARLY

Student's Name: _____

male

female

Elementary School: _____

Grade: _____

T-Shirt Size:

(check one)

YM

(10-12)

YL

(14-16)

AS

AM

AL

AXL

Parent/Guardian: _____

Phone #: _____

Parent/Guardian Email: _____

I understand that my student is participating voluntarily and I will not hold Union Public Schools, employees, intramural volunteers, or Board of Education responsible for any injury received while participating in this activity. I realize that participating in sports can be dangerous and serious injuries may result. My student has my permission to participate and I give permission for my student to receive medical care in the event I am unavailable for consent.

Signature of Parent/Guardian (invalid without signature)

Date

Teams are coached by adult volunteers. Teams cannot be formed without sufficient adults volunteering to coach. If you will coach, please print name and contact information below.

Volunteer Coach Name: _____

Email: _____



Deportes Intramuros de Union
Depto. de Atletismo de Union Public Schools
6836 S. Mingo
Tulsa, OK 74133

Centro de Mensajes: 918-357-7404
E-mail: unionintramurals@unionps.org
Sitio Web: www.unionps.org

Estudiantes de Union (**Chicos & Chicas**) en los Grados **K-2** **REGISTRO de BALONCESTO - SEPTIEMBRE 1 - OCTUBRE 1, 2022**

Las inscripciones recibidas después del 17 de noviembre se incluirán en los equipos con espacio disponible.

EL COSTO SON SOLO \$50.00 por estudiante

INFORMACIÓN GENERAL

Los prácticas empiezan después del 17 de oct. de 2022. Los partidos empiezan el 5 de nov. y terminan el 17 de dic.
Las prácticas son dos veces por semana, días y horas determinados después de la formación del equipo.
Jugarán un total de 8 partidos en las pistas de Union.

TRES FORMAS DE REGISTRARSE

EN LINEA - TARJETA DE CREDITO

<https://ok-union.intouchrecepting.com>



use the camera on
your phone to
access the QR Code

EN PERSONA LLENE LA FORMA & EFECTIVO/CHEQUE/TARJETA DE CREDITO

Tienda U-Wear

1er piso de UMAC - M-F 10am-5pm

Union Athletic Department

2nd Floor of UMAC - M-F 9am-4pm

BY MAIL - MAIL FORM & CHECK

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ORTE LA PARTE SUPERIOR (POR ENCIMA DE LA LÍNEA DE PUNTOS) DE ESTA FORMA DE INSCRIPCIÓN Y GUÁRDELO COMO REFEREN

INTRAMURAL BASKETBALL K-2

ESCRIBA CLARAMENTE EN LETRA DE MOLDE

Nombre del estudiante: _____

male

female

Escuela primaria: _____

Grado: _____

T-Shirt Size:

(check one)

YM

(10-12)

YL

(14-16)

AS

AM

AL

AXL

Parent/Guardian: _____

Phone #: _____

Parent/Guardian Email: _____

I understand that my student is participating voluntarily and I will not hold Union Public Schools, employees, intramural volunteers, or Board of Education responsible for any injury received while participating in this activity. I realize that participating in sports can be dangerous and serious injuries may result. My student has my permission to participate and I give permission for my student to receive medical care in the event I am unavailable for consent.

Signature of Parent/Guardian (invalid without signature)

Date

Los equipos son entrenados por voluntarios adultos. Los equipos no pueden formarse sin suficientes adultos voluntarios para entrenar. Si va a entrenar, por favor escriba su nombre e información de contacto a continuación.

Nombre Entrenador voluntario: _____

Email: _____