

# Prof. Gallitto Basketball for Boys and Girls

Prof. Gallitto Youth Basketball is a fun and challenging program for children in Middletown to participate. Our coaches teach the basic fundamentals of basketball, with the end goal that all participants finish having a stronger skill set and a greater understanding of the game.

⇒ To learn more about the Girls Prof Gallitto League please contact Harold Panciera @ 860.346.6697.

⇒ To learn more about the Boys Prof Gallitto League please contact Prof. Hotline @ 860.632.2900 or email them @ [info@valesc.com](mailto:info@valesc.com) or visiting their website at [valesc.bonzidev.com/profgallitto](http://valesc.bonzidev.com/profgallitto)

**To apply for Boys Prof.** Fill out the registration form located on page 43 or on our website

**To apply for Girls Prof.** Fill out the registration form located on page 40 or on our website

## Boys Prof. Gallitto Information

The Draft

Saturday, November 3 at Keigwin Middle School

\*The time slot of your draft is determined by your player's age group

Practices start Monday, November 13 | Site and time TBD by team

Games start Saturdays, November 25 - December 16

No games will take place December 23 -3

Games resume January 6, 2019 and continue until February 17, 2019

Playoffs & Championship February 23 – 25, 2019

All Star Tournament March 2 - 4, 2019

After the Championship Game there will be an awards ceremony.

\*Players are chosen to play in the tournament by their coach.

## Girls Prof. Gallitto Information

All applications due October 11

The Draft October 13

Grades 3-5 | 9:30 am

Grades 6-8 | 1:00pm

Games

Practices

Grades 3-5 | Sundays 1:00 - 4: 30pm starting November 18

Grades 6-8 | Saturdays 2:00 -5: 30pm starting November 10

### K-2 Program

December 6 2018 - February 22 2019

Thursdays 5:30 -6:30 pm

Snow School

Grades 3-8 | October 15, 2018 - February 22, 2019

Site and time TBD by team

**Prof Gallitto Youth Boys Basketball Registration Form 2018-2019**

City of Middletown Recreation and Community Services

Information / League Rules / contact number available on [valesc.bonzidev.com/profgallitto](http://valesc.bonzidev.com/profgallitto)

1. Use separate form for each applicant
2. Form must be signed by parent or legal guardian - **Deadline for registration October 31, 2018**
3. Make checks (**NO CASH**) payable to-Prof Gallitto Basketball – add \$10 late fee after 10/31/18
4. Send completed form & check to: Prof Gallitto 1280 Newfield Street Middletown CT 06457

Name of Player \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Middletown CT 06457

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Parent / Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

<b>Circle proper division</b>	<b>Beginners</b>	<b>Intermediate</b>	<b>Advanced</b>
Grades	3 and 4	5 and 6	7, 8 and 9

Did player play last season? Yes\_\_ No\_\_ If yes, name of team \_\_\_\_\_

Are there any other immediate family members playing or coaching in the league?

Name \_\_\_\_\_ Team \_\_\_\_\_ Grade \_\_\_\_\_

Parents: I am interested in: ( ) Coaching ( ) Assistant Coaching ( ) Refereeing

Required Registration fee \$65

Required League Shirt \$15 (circle one size) Youth M, L, Adult SM, MED, L, XL

If player already has a shirt please indicate # \_\_\_\_\_

All players are required to wear Solid Black Short (no lines, designs or pockets). League shorts are available for purchase: "Prof" Ball Shorts \$15.00 (circle) Youth M, L, Adult SM, MED, L, XL

Registration \$65 + Shirt \_\_\_\_\_ + Shorts \_\_\_\_\_ + late fee \_\_\_\_\_ = Total Amount Enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

Requests for Registration refunds will be honored if received prior to 12/1/2018 Payments for Shirts and Shorts are non-refundable

**MEDICAL RELEASE/PARENTAL PERMISSION FORM: I hereby give permission for my child to participate in the Prof Gallitto Youth basketball program. I understand the program is physically demanding, but I feel my child has the ability needed to participate. In the event of any emergency and the parent/guardian cannot be reached, I hereby give permission for my child to be transported to Middlesex Hospital or any nearby medical facility. It is hereby understood and agreed that I shall assume full financial responsibility for any costs over and above that which is not covered by health insurance. To the fullest extent permitted by law, I agree to indemnify and hold harmless the Prof Gallitto Basketball Program, Vale Sports Club and the City of Middletown and its employees from any injuries or damages caused by or resulting from participation in this program.**

A Photocopy of this waiver form with my signature shall be considered as valid as the original.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Prof Gallitto Youth Girls Basketball Registration Form 2018-2019**

City of Middletown Recreation and Community Services

NOTE YOUR CHILD WILL NOT BE REGISTERED UNLESS THIS APPLICATION IS COMPLETED AND SIGNED.  
APPLICATION DEADLINE IS OCTOBER 13

K-2 DEADLINE IS DECEMBER 6

A WAITING LIST WILL BE KEPT AFTER THIS DATE.

USUALLY EVERY PLAYER INTERESTED GETS ASSIGNED.

Name of player (Print) \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Division of Choice K - 2 ( ) 3 - 5 ( ) 6 - 8 ( ) You may request your child play with older girls

Home Address \_\_\_\_\_, Middletown, CT 06457

Telephone # (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_

Adult Names ( print ) Mother/ Guardian \_\_\_\_\_

Father / Guardian \_\_\_\_\_

Registration fee enclosed \$40.00 cash ( ) check ( )

Cannot pay, or can only pay some of the fee

( ) FREE/REDUCED LUNCH LETTER FROM SCHOOL WILL BE PROVIDED BY THIS DATE \_\_\_\_\_

**MAKE CHECK PAYABLE TO PROF GALLITTO GIRLS BASKETBALL  
MAIL TO 17 WEST STREET MIDDLETOWN CT 06457**

NO PLAYER WILL BE DENIED THE CHANCE TO PLAY DUE TO FINANCIAL HARDSHIP.

I can help out with coaching (print name) \_\_\_\_\_

My child played last year for Coach \_\_\_\_\_

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In the event photos are taken I hereby give permission for the Recreation Division to use said photos in promotional literature, including but not limited to social media, brochures and flyers.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_ Date processed \_\_\_\_\_ Staff Initials \_\_\_\_\_

Amount rcvd. \_\_\_\_\_ Check # \_\_\_\_\_