

P. D. L.

Panther Developmental League

I strongly recommend you to participate in P.D.L. to develop your skills now which will increase your chances to play for me as a Panther in the future.

We will meet 6 nights for a 90 minute session designed to **develop** young players to a point where they are equipped with the **skills** needed to play junior high and high school basketball here at Spring Hill. This league will teach the skills of dribbling, passing, lay-ups, and shooting. Scrimmages will be used to teach the boys the basics of our Spring Hill offense. The hope is for each player to attain a higher skill level and have a better understanding of the game of basketball by the time they enter the 7th grade.

Who/When:

1st/2nd graders: @ the Primary Gym from **6 – 7:30** on Mon – 11/2, Mon – 11/9, Thur – 11/12, Mon – 11/16, Mon – 11/23, Mon – 11/30 **FULL**

3rd/4th graders: @ the High School Gym from **6 – 7:30** on Mon – 11/9, Mon – 11/16, Thur – 11/19, Mon – 11/30, Mon – 12/7, Mon – 12/14 **FULL**

5th/6th graders: @ the High School Gym from **7:30 - 9** on Mon – 11/9, Mon – 11/16, Thur – 11/19, Mon – 11/30, Mon – 12/7, Mon – 12/14

Costs: \$35 per child (Checks Payable to Spring Hill Basketball)

How to Register: Complete the form below and **MAIL** to Coach Taylor at 3101 Spring Hill Rd, Longview, TX 75605. **Please do not deliver to your classroom teacher.** You can show up to register 30 minutes before the first night, **but you run the risk of the league being full.**

**We only have room to accept the first 24 boys in each group.
Sign up NOW!**

For more information email Coach Taylor at ktaylor@springhill.esc7.net or call 903-323-7858.

Please check the appropriate league.

1st/2nd **FULL** 3rd/4th **FULL** 5th/6th _____ Skill Level: circle one: (low) 1 3 5 7 9 (high)

Last Name: _____ First Name: _____ Grade: _____

Parent Name: _____ **Email:** _____ **(Important)**

Address: _____ Zip: _____ Phone: _____

Circle one T-shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

I/We the parent/guardian of the above named youth, hereby give my approval to my child to participate in the Panther Developmental League. I/We do further hereby release, absolve, indemnity, and hold harmless the organizers, sponsors, supervisors, Spring Hill I.S.D., and coaches of the said league.

Signature of Parent or Guardian: _____

Printed Name: _____

I am willing to **help coach** on Monday nights during the Panther Developmental League. Yes No