



## **Apollo ABA Boy's Youth Basketball League** **2020-21 Application**

Dear Eagle Nation,

It is now time to sign-up for the New and Improved Apollo ABA Youth Basketball League. **The attached sign-up form must be completed, signed and returned to Coach Mark Starns at Apollo High School.** Fees are \$60 for the first child, \$50 for the second child and \$40 for each subsequent child. **Evaluations will be held at Apollo High School once we get the go ahead from the Governor's office. Times will be staggered to meet COVID guidelines.** Games will be played at Apollo High School or Burns Middle School on Saturdays or Sundays from January-March. New this year, the league will be divided by grade (the player's grade for the 2020-2021 school year) in the following manner.

- |                          |  |
|--------------------------|--|
| 1. Instructional League  | K, 1 <sup>st</sup> & 2 <sup>nd</sup> Grade |
| 2. Junior Varsity League | 3 <sup>rd</sup> & 4 <sup>th</sup> Grade    |
| 3. Varsity League        | 5 <sup>th</sup> & 6 <sup>th</sup> Grade    |

**Registration Deadline is 12/31/2020**

Please return the Registration Form and your fee to the address below.  
Make check payable to Apollo ABA, and mail to:

Mark Starns  
Apollo ABA  
2280 Tamarack Road  
Owensboro, Kentucky 42301

**If you have questions, text Jeff Johnson 270-316-8001**

***Be sure and Follow us on Twitter: @AHSEaglesBBall***



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Name (First) \_\_\_\_\_ (Last) \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Youth T-Shirt Size \_\_\_\_\_ or Adult Size \_\_\_\_\_

Age as of November 1, 2020 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ (Please list the best number to contact parent)

Parent Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Number (cell or work) \_\_\_\_\_

Father's Name \_\_\_\_\_ Number (cell or work) \_\_\_\_\_

**Apollo ABA Eagle Youth League does not provide health insurance; it is the parents/guardians responsibility to carry insurance in case of accident or injury.**

**I, the undersigned, verify that my child is physically fit to participate in the Apollo ABA Youth Basketball League. We agree not to hold Apollo High School, or anyone associated with Apollo ABA or Daviess County Public Schools responsible in case of accident, injury or any COVID related illnesses.**

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

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