

# **Cavalier Basketball Developmental League**

## **5<sup>th</sup> and 6<sup>th</sup> grade boys and girls in District 6**

- **Mandatory!! Boy's evaluations will be Saturday, December 2nd from 9:30 am – 11:00 am at the Dorman Arena and Girl's evaluations will be at Dorman Freshman Campus from 9:30-11:00 am. League Draft will follow with coaches. Players that miss evaluations will still be drafted following evaluations.**
- **Games and Practices will be at Dorman High School (Arena, Aux, and New Gyms) Dorman Freshman Campus, Gable Middle School and Roebuck Elem.**
- **Teams will practice one night a week (Monday or Thursday) and games will be on Saturday. A couple of teams may have Sunday afternoon practices**
- **Cost - \$70 - sign-ups will be at Dorman High School in the Arena Lobby on Nov. 14<sup>th</sup>, Nov. 16<sup>th</sup> and Nov. 20<sup>th</sup> from 5:30-7:00 PM.**
- **Teams will be assigned by Monday, December 4th. Practice time slots will begin Dec 4<sup>th</sup> week and each team will practice for 3 weeks before Christmas break. Season will begin on Saturday, January 13<sup>th</sup> and run through February 24<sup>th</sup> . ( 8 total games for each team). Games will be played on those 7 Saturdays and Thursday, February 15<sup>th</sup>.**
- **Players will be given a reversible "Dorman" jersey.**
- **Developmental League games will have certified officials.**
- **For more information or coaching interest please contact Coach Thomas Ryan at 864-342-8907**

## Cavalier Basketball Developmental League Registration

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

School: \_\_\_\_\_ Jersey Size (Adult) \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email \_\_\_\_\_

I hereby authorize the directors of Cavalier Developmental League and coaches to act for me according to their best judgment in an emergency situation requiring medical attention. I know of no medical or physical problems which may affect my child's ability to safely participate in this camp. I understand that I will be fully responsible for any injury that may occur at this camp.

Parent/ Guardian Signature: \_\_\_\_\_

**\*\* Make checks payable to: Dorman High School**

Thomas Ryan  
Head Boy's Basketball Coach  
Dorman High School  
[ryanth@spart6.org](mailto:ryanth@spart6.org)  
864-342-8907 – office