

2009 GIRLS BASKETBALL AGE CHART

Division	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Division
8 & Under	02	02	02	02	02	02	02	02	02	02	02	02	8 & Under
8 & Under	01	01	01	01	01	01	01	01	01	01	01	01	8 & Under
10 & Under	00	00	00	00	00	00	00	00	00	00	00	00	10 & Under
10 & Under	99	99	99	99	99	99	99	99	99	99	99	99	10 & under
12 & Under	98	98	98	98	98	98	98	98	98	98	98	98	12 & Under
12 & Under	97	97	97	97	97	97	97	97	97	97	97	97	12 & Under
14 & Under	96	96	96	96	96	96	96	96	96	96	96	96	14 & Under
14 & Under	95	95	95	95	95	95	95	95	95	95	95	95	14 & Under
16 & Under	94	94	94	94	94	94	94	94	94	94	94	94	16 & Under
16 & Under	93	93	93	93	93	93	93	93	93	93	93	93	16 & Under

Age Cut Off Date: December 31, 2009

To Use This Chart:

1. Enter table at top with month.
2. Go down to the child's year of birth.
3. Go left or right to the child's age division.
4. A child cannot play up more than one age division.
5. **A child CANNOT play down in a lower age division.**

COACHES WILL BE HELD ACCOUNTABLE FOR USING ILLEGAL PLAYERS !



ATHLETICS DIVISION

2009 GIRLS OPEN LEAGUE BASKETBALL **PLEASE COMPLETE AND RETURN TO THE SPAR ATHLETIC DEPARTMENT**

(Team Entry Deadline: September 25, 2009)

SEASON BEGINS October 5, 2009

Child's Name: _____ Birth Date: _____
(First & Last)

Address: _____ Apt: _____

City: _____ Zip: _____ Phone No: _____

Coach: _____ School & Grade: _____ / _____

1. A child **may play UP** one age division but **cannot play down**.
2. **It is the coach's responsibility not to place players on the roster who are not of the proper age.**

Age Divisions

- 8 Under - cannot be 9 before Dec 31, 2009
- 10 Under - cannot be 11 before Dec 31, 2009
- 12 Under - cannot be 13 before Dec 31, 2009
- 14 Under - cannot be 15 before Dec 31, 2009
- 16 Under - cannot be 17 before Dec 31, 2009

I, the parent or guardians of the above named child, give my permission for him/her to participate in the Shreveport Public Assembly & Recreation (SPAR) Youth Football Program. I will not hold SPAR, the City of Shreveport, nor any official responsible if my child is injured while engaging in this sport. I understand the hazards and dangers involved in the sport and will use my own insurance, if needed. I also agree to provide a copy of my child's birth certificate which will be kept on file at the SPAR Athletic Office.

Parent or Guardian Signature

Date