

GALLIPOLIS RECREATION DEPARTMENT
P.O. BOX 339 GALLIPOLIS, OHIO 45631
(740) 441-6022

RINKY DINK BASKETBALL

Eligibility: Boys and girls in grades K-6th grade for the 2025-2026 school year. Students must attend or reside in Gallipolis City School District. The City reserves the right to place individual sign-up players on different teams and/or school sites.

Format: Individual Sign up or team sign-ups will be taken for eligible students.

Team Sign Up: Must have all forms and fees together when signing everyone up on that team. Coach name shall be listed with the roster and a contact number. Players of each team will get a reversible jersey and at least an opportunity for one hour practice per week at time scheduled by the City.

Individual Sign Up: Players will try and be placed on a team within their division. If not enough players, teams or coaches in that division, they will move up or money will be refunded. Players of each team will get a reversible jersey and at least an opportunity for one hour practice per week at a time scheduled by the City.

Practices: Various times and locations. Starting around October 27, 2025

Games: Saturdays-Sunday-Starting around December 6, 2025
-Ending around January 25, 2026
-Played at the Root Sports & Fitness Center

Fee: \$ 40.00 per child/\$ 20.00 per additional child
(Make checks payable to Gallipolis Recreation Department)

Registration Deadline: Wednesday, October 15, 2025-Forms after this date are not guaranteed placement on last year's team and/or a team.

Registration: Forms can be found at www.cityofgallipolis.com or
Picked up at Gallipolis Municipal Building 333 Third Avenue, Gallipolis,
Ohio 45631

2025/2026 Rinky Dink Basketball Registration Form

Name: _____ Grade: _____ DOB: _____

Address: _____

School: _____ Home Phone: _____

Email address: _____ Cell phone: _____

Father's name: _____ Phone: _____

Mother's name: _____ Phone: _____

Emergency contact: _____ Phone: _____

Jersey size(Player's only)

Youth: 6-8 _____ 10-12 _____ 14-16 _____

Adult S _____ M _____ L _____ XL _____

Team played on previous season: _____

Mother/Father interested in Coaching? Please Circle. (Coaching application form must be filled out)

Head coach

Assistant coach

Neither

Referee

My child and I are aware that participating in Youth Basketball Program is a potentially hazardous activity. We assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and other reasonable-risk conditions associated with the sport. All such risks to my child are known and appreciated by my child and me. The City of Gallipolis, Root Sports Fitness & Center and Gallipolis City School District will be hold harmless.

Parent or guardian signature: _____ Date _____