

**REGISTRATION  
OPENS  
SUNDAY,  
JULY 30, 2017**

# Fall Basketball League



@ The Gym



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- Who Can Play: Co-ed athletes in grades Kindergarten thru 12<sup>th</sup> grade
- What is the cost: \$160 if registered on or before 8/20/17; after that it is \$190.00
- What does that include: 8 one hour practices on either Tuesday OR Friday, 8 games to be played on Saturday mornings between 8am & 3pm), jersey and medal
- When does season start: First practice begins on Tuesday September 5<sup>th</sup>, first game begins two weeks later after each team gets 2 practices before season will start. All practices and games at The Gym.
- Who coaches the teams: Volunteer coaches are needed and will receive a \$50 stipend at the end of the season
- How to register: Either in person at The Gym or online at [www.ourgym.net](http://www.ourgym.net). Maximum of 64 registrants per age group, there will be 8 teams of 8 players. First come first serve, register early.

**\*\*\*Discounts:** \$5 discount to all Education profession with proper identification.....\$25 sibling discount

[www.ourgym.net](http://www.ourgym.net)

# FALL LEAGUE 2017

## PLAYER REGISTRATION

Player Name: \_\_\_\_\_

2017-18 School Grade: \_\_\_\_\_ School Attending \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Years Played: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Male Parent Name: \_\_\_\_\_

Male Parent Phone Number: \_\_\_\_\_

Male Parent Email Address: \_\_\_\_\_

Female Parent Name: \_\_\_\_\_

Female Parent Phone Number: \_\_\_\_\_

Female Parent Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

The undersigned being the parent/legal guardian of the player named above, hereby agrees to hold Kiwi Properties, The GYM, the officers and directors, employees and coaches faultless in the event of injury or other harm occurring to the player during the participation in all events. Parent / guardian assures that the player has adequate medical insurance available and if necessary will be responsible for any medical expenses. I also authorize for pictures to be taken of my player by The Gym, as desired.

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

For Gym use only:

Amount paid: \_\_\_\_\_ How paid \_\_\_\_\_ Date Paid \_\_\_\_\_ Initials \_\_\_\_\_

www.ourgym.net