

**REGISTRATION
OPENS
SUNDAY,
JULY 28, 2019**

Fall Basketball League



@ The Gym



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- Who Can Play: Co-ed athletes in grades Kindergarten thru 12th grade
- What is the cost: \$170 if registered on or before 8/18/19; after that it is \$200.00
- 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 5th, 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. 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

FALL LEAGUE 2019

PLAYER REGISTRATION

Player Name: _____ D.O.B. _____

2019-20 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 _____

Interested in Volunteer Coaching: Contact Name: _____

Phone Number _____ Email Address: _____

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 _____