



# Fall Recreational Basketball League

## September 19-November 1

Grades 3 & 4 5:30pm

Grades 5 & 6 6:30pm

Grades 7 & 8 7:30pm

Games on Thursday Nights :

All games will be two 20 minute running time halves

**Registration Fee: \$100**

**Registration Deadline: August 30, 2019**

**\*\*All correspondence will be sent by e-mail. Please provide e-mail addresses on back of form\*\***

A \$5 LATE FEE WILL BE CHARGED AFTER REGISTRATION DEADLINE.

THE \$5 FEE WILL BE ASSESSED ONCE PER FAMILY.

NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 2 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

**For more information contact:**

Boys & Girls Clubs of Northwest NJ  
Wayne Unit

**153 Garside Avenue**

**Wayne NJ 07440**

**973-956-0033**

[www.bgcwnj.org](http://www.bgcwnj.org)

[www.facebook.com/bgcwnj](https://www.facebook.com/bgcwnj)

**\*not a school sponsored event\***

Boys & Girls Club of Wayne  
2019 Fall Recreation Basketball

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade as of Sept. '19: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Division: \_\_\_\_\_

Jersey size: ys ym yl yxl as am al axl

**Playing experience:** (circle one) **Beginner Intermediate Advanced Travel Team**

Parent/Guardian Information:

Mother's Name: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Does your child have any impairment? \_\_\_\_\_

**Sponsors:** We need sponsors to help defray the cost of our Basketball Program. Sponsorships are \$100 and are tax deductible. Sponsors will receive a thank you letter as well as your company name on all schedules, rosters, and your team's shirts.

\_\_\_\_\_  
Company or Sponsor Name

\_\_\_\_\_  
Contact Person & Phone #

\_\_\_\_\_  
Company or Sponsor Address

**Coaches: We need coaches for your child's team!!**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone #

I hereby give consent for my child to participate in the Boys & Girls Club of Northwest New Jersey Wayne Unit Fall Basketball Program. I assume all risk in regard to participation in this and any other Boys & Girls Club program in which my child may participate. I release, indemnify and agree to hold harmless the Boys & Girls Club of Northwest New Jersey its directors, officers, coaches, and volunteers from any liability that may result from participation in Boys & Girls Club activities.

By my signature, I attest to the following:

That the above information is correct.

That in the event of a medical emergency, I authorize the Boys & Girls Club of Wayne to seek emergency medical care for my child as deemed necessary by the Director.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)