



Recreational Basketball

GIRLS DIVISION



Grades: 1 to 8

Are you ready for another outstanding season of Recreational Basketball?

Girls Divisions will be formed for the following age groups:

ATLANTIC TEN – grades 1 & 2 – games twice a week –
One Saturday and one during the week – modified rules - **\$95**

***WAC** – grades 3 & 4 – games twice a week –
One Saturday and one during the week – regulation rules- **\$95**

***IVY LEAGUE** – grades 5 & 6 – games twice a week – regulation rules
Certified Referees/Reversible Jerseys - **\$105**

***BIG EAST** – grades 7 & 8- games twice a week - regulation rules
Certified Referees/Reversible Jerseys - **\$105**

Visit our website to register online

Skills Evaluation and Draft

*All players in grades 3 – 8 must attend the evaluation. A skills evaluation and team draft will be held during the second week of November. The evaluation and draft is used only to try to keep the teams as evenly matched as possible. All children will be placed on a team regardless of experience or ability. **We cannot honor requests for children to be placed on a team with a friend or specific coach.** Each child will play at least half a game. Divisions could change due to enrollment numbers.

Register now through November 4, 2017

All correspondence will be sent by e-mail. Please provide e-mail addresses on back

A \$ 5.00 LATE FEE WILL BE CHARGED AFTER REGISTRATION DATES.

NO REFUNDS WILL BE ISSUED AFTER REGISTRATION HAS BEEN COMPLETED.

A \$5 FEE WILL BE CHARGED FOR ALL REFUNDS PRIOR TO THE CLOSE OF REGISTRATION.

A FAMILY DISCOUNT OF 10% WILL BE GIVEN FOR 3 OR MORE CHILDREN REGISTERED FOR THE SAME PROGRAM

Mail registration to:
Boys & Girls Clubs of NWNJ-Wayne Unit
153 Garside Ave
Wayne, NJ 07470
(973) 956-0033

www.bgcwnj.org

www.facebook.com/bgcwnj

not a school sponsored event



Boys & Girls Clubs of NWNJ Wayne-Unit
2017-18 Girls Basketball Program

Child's Name: _____ Date of Birth: _____
Address: _____ Age: _____
City: _____ State: ____ Zip: _____ Grade: _____
Home Phone: _____ Emergency Phone & Contact: _____
Basketball Division: _____ Name of School: _____
E-mail Address: _____
T-Shirt size (please circle one) ys ym yl yxl as am al axl

Parent/Guardian Information:

Mother's Name: _____
Business Name/Address: _____
Business Phone: _____

Father's Name: _____
Business Name/Address: _____
Business 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. Your company name will appear on all schedules & rosters and your team's t-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 Clubs of NWNJ 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 NWNJ, Inc. 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 NWNJ to seek emergency medical care for my child as deemed necessary by the Director.
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Signature of Parent or Guardian

Date