



Grades: Kindergarten

This program is for boys & girls currently enrolled in Kindergarten. The program will be run in clinic format with instruction on all aspects of the game given weekly.

The players will be broken up into groups and play a game each week as well!

The clinic will meet on Friday evenings only.



**REGISTRATION FEE: \$80**

**Start Date – November 17, 2017**

**Day & Time – Fridays 5:30pm-6:30pm**

**Season Length – 8 Weeks**

**Register now through November 4, 2017!**

**Visit our website to register online**

**A \$5 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.**

Boys & Girls Club of Wayne

153 Garside Ave

Wayne, NJ 07470

(973) 956-0033

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

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

\*not a school sponsored activity\*

Boys & Girls Club of Wayne  
2017-18 Kindergarten Basketball Program

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

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.

\_\_\_\_\_  
Signature of Parent or Guardian \_\_\_\_\_  
Date

