



Children's Basketball League



REGISTRATION FORM

The Bridgeport Parks and Recreation Children's Basketball League is open to all children in grades K - 3rd.

The age divisions will be K-1st (Tue/Thur) and 2nd - 3rd grades (Mon/Wed). Times each evening will vary.

FEB 24th-APR 2ND, 2020

Cost: \$50 per child or \$75 per family, Includes T-Shirt and medal

Register by: FRIDAY, FEBRUARY 7th

****Important**** - Due to limited gym time and availability of volunteer coaches, the league registration will be limited to the first eighty (80) children registered (paid) in each age division.

VOLUNTEER COACHES NEEDED!

The League will consist of a six week season and teams will practice/play two times each week. All games will be played at Johnson Elementary unless otherwise noted. Evenings will consist of one half hour practice and one half hour game. Games will be comprised of two ten minute halves. This league will be recreational/educational in nature. Fundamentals and basic skills will be emphasized. Scores and standings will not be tabulated.

Bridgeport Parks & Rec Office: 304-842-8240

2020 Children's Basketball League - Registration Form

Age Division (Check One)

K-1st grade

2nd-3rd grade

Name _____ Phone _____

Address _____ Family Email: _____

Shirt Size (please circle one - ****child will be issued size requested****)

Child: S(6-8) M(10-12) L(14-16) Adult: S

Age (at date of first practice) _____ Amount Enclosed \$ _____

Please Make checks payable to "City of Bridgeport"

Return to: Bridgeport Parks and Recreation, 164 West Main St, Bridgeport WV 26330

Please check box if child has any allergies or medical conditions and list on back of form:

Release of Liability

Every reasonable effort will be made to ensure the safety of participants, but neither Bridgeport Parks and Recreation, their sponsors, volunteers, nor any other persons affiliated assume responsibility for injuries or lost or stolen property. By signing the entry form, the participant and his/her parent/guardian agree to release and hold harmless the parties associated with the event from an injury, damage or loss for any claims or courses of action whatsoever. Your signature verifies that participant or parent/guardian has read and fully understands the foregoing, and certifies that the information provided in the entry is true.

Signature of Participant or Guardian _____ Date _____

****I am interested in Coaching****: Name _____ Cell Phone: _____

Email: _____