

# West Brookfield Youth Basketball

Registration for K-6<sup>th</sup> Grade Boys and Girls Deadline for registration October 31st

## K-2<sup>nd</sup> Grade

Saturday morning clinics @ WBES Gym 9:00 am to 10:30 am begin December 5<sup>th</sup>

Clinic Schedule: Dec 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup> Jan 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup> Feb 6<sup>th</sup> and 13<sup>th</sup>

## 3<sup>rd</sup>/4<sup>th</sup> or 5<sup>th</sup>/6<sup>th</sup>

Have weekly travel games and practices at WBES. First game Dec 5<sup>th</sup>

Game Schedule: Dec 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup> Jan 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup> Feb 6<sup>th</sup> and 13<sup>th</sup>

**Registration Fees:** K-2 \$40/ player      3<sup>rd</sup> -6<sup>th</sup> \$50/player      Late Fee \$20

Make checks payable to: **West Brookfield Youth Basketball** send to: **P.O Box 813, West Brookfield Ma 01585**

Please print

Players Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt size: \_\_\_\_\_

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Players Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

I am interested in helping as: Coach \_\_\_\_\_ Assistant \_\_\_\_\_ Referee \_\_\_\_\_ Clock \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Alternate/Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I hereby waive, release, absolve, indemnify, and agree to hold harmless the West Brookfield Youth Basketball; its officers, sponsors, coaches, players and persons transporting my player(s) to and from basketball games from any claims out of injury to my player(s) whether the result of negligence to any other cause.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions Please Email: [wbybasketball@gmail.com](mailto:wbybasketball@gmail.com)