



Youth Basketball League

REGISTRATION DEADLINE IS JANUARY 5, 2016



GIRLS & BOYS 2ND – 8TH GRADE

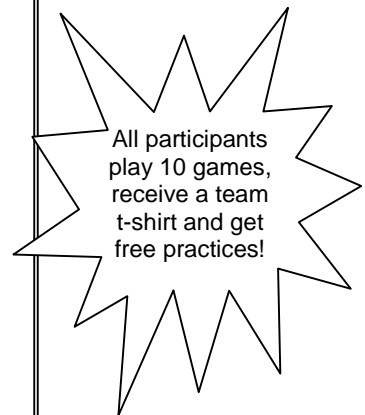


Starts: Saturday, February 13
Ends: Sunday, April 17th
Times: 9am – 8pm
Where: Golf View, Grennan Heights & School gymnasiums within Niles

Fee: Resident - \$80 / Non-Resident - \$110
**Late Fee: \$25 (After 1/5/16) pending Athletic Dept. approval*

SPECIAL FEATURES

- *Bring in your own team.
- *Team conflicts are honored.
- *Register by team or individually.
- *Select your team's skill level of play.
- *5 free team practices at Golf View.
- *Play at local High Schools & Grade Schools.
- *4th – 8th grade play games on full courts on 10ft hoops.
- *2nd & 3rd grade play games on mini courts on 9ft hoops.



All coaches must fill out a coach packet which is due January 5th. They are available online at www.niles-parks.org or can be picked up at Howard Leisure Center or Golf View Rec-Center.



How to Register

****NEW**** Online at www.niles-parks.org ****NEW****
(Please allow 24 hours to receive a pin # which is required to register)

In person at the Howard Leisure Center
6676 W. Howard St. Niles, IL 60714

Email to robin@niles-parks.org

**FOR QUESTIONS CALL THE ATHLETIC OFFICES AT
847-967-1529**



Basketball Registration Form



Primary Household Contact (Last Name) _____ (First Name) _____

Address _____ City/Zip _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

Email Address _____

Please check (x) if you need special accommodations to participate in this program. _____

Player's Name	Gender	Age	Grade	School

Please circle the <u>Current</u> grade of your child	
<u>GIRLS LEAGUES</u>	<u>BOYS LEAGUES</u>
2 nd Grade 120302-01	2 nd Grade 120302-08
3 rd Grade 120302-02	3 rd Grade 120302-09
4 th Grade 120302-03	4 th Grade 120302-10
5 th Grade 120302-04	5 th Grade 120302-11
6 th Grade 120302-05	6 th Grade 120302-12
7 th Grade 120302-06	7 th Grade 120302-13
8 th Grade 120302-07	8 th Grade 120302-14
RESIDENT - \$80 / NON-RESIDENT - \$110	
LATE FEE - \$25 (After 1/5/16)	

PLAYER / TEAM REQUEST INFORMATION
CHOOSE ONE

1) I am on a team _____
 Coach name: _____ Phone _____
 Team name: _____

2) I'm not on a team, please place me on one _____
 Teammate requests: _____
 I'm interested in coaching my son / daughter _____

METHOD OF PAYMENT

CASH CHECK # _____

CREDIT CARD (MasterCard Visa Discover)

Name: _____ Exp. Date: _____
 (as it appears on card)

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Card Number

Total Due

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Signature: _____ Amount: _____

**Fax this completed form to Howard Leisure Center at (847) 583-0827*

**Email this completed form to robin@niles-parks.org*

**Drop off or mail this completed form to Howard Leisure Center (6676 W .Howard St. Niles, IL 60714)*

WAIVER AND RELEASE OF ALL CLAIMS Please read this form carefully and be aware that in signing up and participating in this program you will be waving and releasing all claims for injuries you might sustain arising out of this program.

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided.)

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, tht my minor child/ward or I may sustain as a result of participating in all these programs/activities against the Niles Park District, including its officials, agents, volunteers and employees (here-in after collectively referred as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of connected with, or in any way associated with these programs/activities.

If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effects as an original form signature.

Additionally, by signing this form, I am certifying that I qualify for the rate charged (i.e. if resident rate was charged, I am/my children are residents of the Niles Park District). If this is proven untrue, I realize that my park district privileges may be suspended or revoked.

Photos are periodically taken of participants in a class, during a special event or at the District's parks. Please be aware that these photos are for Park District use only and may be used in the District's publications.

I have read and fully understand the above important, warning or risk, assumptions of risk and waiver and release of all claims.

PLEASE PRINT Players Name _____

Parent/Guardian Signature _____ Date _____

PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.