

# Fall Youth Basketball League! Grades 2-8

# Registration Deadline is Tuesday, September 3

This is a great program for the beginner as well as the experienced player. 10 games, team conflicts allowed. Register by team or individual. We can place individuals on a team with less than 10 members. Volunteer coaches needed. Coach packets available at athletic facilities or online. All players will receive a reversible jersey to be worn at all games.

**Leagues**– Girls Grade 2-8 ● Boys Grade 2-8

### WHEN:

October 4-November 24

### **LOCATIONS:**

Golf View Rec Center
Grennan Heights
LoVerde Sports & Rec Center

### **GAME TIMES:**

Friday- 5:30-10:00 pm Sat & Sun- 9:00 am-9:00 pm

### FEE:

Res \$115, Non-Res \$157

Jersey Fee \$13. Participants from Summer
2024 League who have their jersey, do not
need to purchase a new one.

### **How to Register:**

In Person at the Howard Leisure Center 6676 W. Howard St.

Email registration form to Robin, <a href="mailto:robin@niles-parks.org">robin@niles-parks.org</a>

Online at www.niles-parks.org

For Questions, call the Athletic Offices: 847-967-1529

### **Sponsored By:**



## **Niles Park District FALL BASKETBALL Registration Form**

Primary Household Conta	act (First Name) _		(Last Name)
Address		City/Zip	
Phone		Emergency Pho	one
Email Address			Diagon single the league to playing
Do you need an Americans with Disabilities Act Accommodation? Yes			Please circle the league to play in:
			Girls Grade 2 #420305-01
Player Name	Grade	School	Girls Grade 3 #420305-02
			Girls Grade 4 #420305-03
PLAYER/TEAM REQUEST INFORMATION— CHOOSE ONE:			Girls Grade 5 #420305-04
1— I am on a team			Girls Grade 6 #420305-05
Coach Name: Phone:			Girls Grade 7 #420305-06
Team Name:			Girls Grade 8 #420305-07
*Make sure your coach fil	lls out a packet ar	nd includes your name on roster.	
2– I am not on a team, please place me on one			Boys Grade 2 #420305-08
Teammate Requests:  I am interested in coaching my son/daughter			Boys Grade 3 #420305-09
			Boys Grade 4 #420305-10
METHOD OF PAYMENT			Boys Grade 5 #420305-11
Cash Check # MasterCardVisa Discover			Povs Grado 6, #420205 12
Name: Exp. Date: (As it appears on card)			Boys Grade 7 #420305-13
Card #			Boys Grade 8 #420305-14
		Amount \$	
Mail to, Niles Park District Pogistration 6676 W. Howard St. Niles II 60714			FEE: Resident \$115, Non-Resident \$15
	_	76 W. Howard St. (M-F 8:30a-5:00p)	Jersey Fee: \$13
Email to: Robin at robin@niles-parks.org			TOTAL DUE: \$
Register Online: www-niles-parks.org			Register by September 3
			that in signing up and participating in this program
Please read this form ca assuming the risk and le as a result of participatir operation, when provide	arefully and be award egal liability and waid ng in any and all acti ed.)	ving and releasing all claims for injuries, damages vities connected with and associated with said pro-	f this program. identified programs/activities, you will be expressly or loss which you or your minor child/ward might sustain ograms/activities (including transportation services/vehicle ese programs/activities, and I voluntarily agree to assume
the full risk of any and a these programs/activitie "District").	ll injuries, damages s against the Niles F	or loss, regardless of severity, that my minor child Park District, including its officials, agents, volunte	d/ward or I may sustain as a result of participating in all ers and employees (here-in after collectively referred as
which may accrue to me If registering on-line or v Additionally, by signing the Niles Park District).	e or my minor child/v via fax, your on-line of this form, I am certif If this is proven untr taken of participants	vard and arising out of connected with, or in any vard and arising out of connected with, or in any var facsimile signature shall substitute for and have ying that I qualify for the rate charged (i.e., if residue, I realize that my park district privileges may be in a class, during a special event or at the District	e the same legal effects as an original form signature. lent rate was charged, I am/my children are residents of
I have read and fully und	derstand the above	important, warning or risk, assumptions of risk an	d waiver and release of all claims.
PLEASE PRINT Partici	ipant's Name		
Parent/Guardian Signa	ature		Date