



Summer Youth Basketball League

SPECIAL NOTES FOR 2022

- Sign up as a team or individual.
- All teams will play 10 games.
- Some grade levels may be combined depending on enrollment.
- Team conflicts will be honored for scheduling.
- Teammate requests will be honored if you do not have a full team.
- **Limited practices will be available, based on coach and gym availability.**
- All players receive a reversible jersey.
- **Volunteer coaches are needed!**

*4th-9th grade play on full courts on 10 ft. hoops.

*3rd grade play on mini courts on 9 ft. hoops.

*2nd grade play on mini courts on 8 ft. hoops

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

Sign up for the grade you will be entering in Fall of 2022

GIRLS

Who: Grade 2

Who: Grade 3

Who: Grade 4

Who: Grade 5

Who: Grade 6

Who: Grade 7

Who: Grade 8

Who: Grade 9

BOYS

Who: Grade 2

Who: Grade 3

Who: Grade 4

Who: Grade 5

Who: Grade 6

Who: Grade 7

Who: Grade 8

Who: Grade 9

**Grades may be combined depending on enrollment.*

When: July 5-August 21

Times: Weeknights 4:30-10p / Weekends 10a-8p

Fee: Resident - \$100 / Non-Resident - \$138



How to Register

Online at www.niles-parks.org

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

Over the phone – 847-967-6633

Email Reg. Form to robin@niles-parks.org

**All participants must have their registration form
and payment turned in by May 27.**



FIFTH THIRD BANK

NPD Summer Basketball Registration Form

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

Address _____ City/Zip _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

Email Address _____

Do you need and Americans with Disability Act Accommodation to participate in this program? Yes ____

Player's Name	Gender	Grade (Fall of 2022)	School	Jersey Size (Youth Med through Adult XL)

PLAYER / TEAM REQUEST INFORMATION
CHOOSE ONE

1) I am on a team _____

Coach Name: _____ Phone _____

Team Name: _____

**Coaches must fill out a coach packet which is available online at www.niles-parks.org*

2) I am not on a team, please place me on one _____

Teammate requests: _____

I am interested in coaching my son / daughter _____

Please check the grade of your child in the fall of 2022

GIRLS LEAGUES

BOYS LEAGUES

2nd Grade 320305-01 ____

2nd Grade 320305-08 ____

3rd Grade 320305-02 ____

3rd Grade 320305-09 ____

4th Grade 320305-03 ____

4th Grade 320305-10 ____

5th Grade 320305-04 ____

5th Grade 320305-11 ____

6th Grade 320305-05 ____

6th Grade 320305-12 ____

7th Grade 320305-06 ____

7th Grade 320305-13 ____

8th Grade 320305-07 ____

8th Grade 320305-14 ____

9th Grade 320305-15 ____

9th Grade 320305-16 ____

RESIDENT - \$100 / NON-RESIDENT - \$138

METHOD OF PAYMENT

CASH **CHECK #** _____

CREDIT CARD (MasterCard Visa Discover AmEx)

Name on card: _____ Exp. Date: _____ Amount: _____

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**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, M-F 8:30am-5:00pm)*

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, that 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.

Print Players Name _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Participation will be denied if the signature of adult participant or parent/guardian and date are not on this waiver.