

Belcamp Recreation Council

BASKETBALL REGISTRATION

WHERE: Church Creek Elementary School

WHEN: Wednesday, September 9, September 16, and September 23rd from 5:30pm to 8:30pm
Monday, September 14th and September 21st from 5:30pm to 8:30pm
Saturday, September 12th and September 26th from 9am to 12pm

COST: \$45.00 (clinic ages 5-6 each clinic registrant)
\$65.00 (ages 7-14, first child)
\$55.00 (each additional child 7-14 in same family; brother or sister)
There will be a \$10 mandatory fundraiser fee per child. (This can be re-cooped by participating in the fundraiser).

UNIFORMS: A separate check dated February 1, 2010 in the amount of \$40.00 must be provided on the same day that uniforms are picked up (date to be decided). **Checks will be deposited if uniforms are not returned by the date specified.**

PAYMENT: Cash or Checks. **MAKE CHECKS PAYABLE TO Belcamp REC. COUNCIL**
Registration fees are non-refundable unless the Belcamp Rec. Council cancels the program. A return check fee of \$10 will be added to the registration and both must be paid in cash before your child(ren) can participate.



SPACE IS LIMITED. SIGN-UP EARLY.
Teams play in the Aberdeen League to Include: Aberdeen, Edgewood and APG.
Practices are on weeknights (days/times to be assigned) beginning mid-November.
Games are on Saturdays beginning in January.
5-6 Clinic does not travel; all other age groups will travel to sites within the league.
For more information contact: Eric Stancell at 443-686-0787

Child's Name: _____ **Age** _____ **Date of Birth** _____ Male Female

Address: _____ **Zip:** _____

Parents' Name: _____

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

E-Mail: _____ **Has your child played team basketball before?** Y N

Coach or Team Preference: _____

Is there a day your child can't participate? M T W Th F

I wish to donate time to help with: coaching game day assistance fundraising

Uniform size: Shirt: YS YM YL S M L XL XXL Shorts: YS YM YL S M L XL XXL

Special considerations and/or medical conditions coaches should be made aware of?

By my signature below, I hereby permit my child/ward named above to play in the Belcamp Youth Basketball Program. I will not hold the officers of Belcamp Recreation Council; Belcamp Basketball, nor the coaches responsible for any injuries sustained by my child/ward while participating in the program, including transportation to and/or from scheduled practices and games. I also understand that Belcamp Basketball does not offer medical insurance and that I am liable for the costs of any medical services required as the result of any injury sustained by my child/ward during participation in this program. I also certify by my signature that my child/ward is physically fit to participate in this program.

Parent/Guardian Signature: _____ **Date:** _____