



BELLEAIR

Basketball League

Spring 2010



**Sign Up
Now!
Space is
Limited**



Where: Doyle Family Gymnasium
918 Osceola Road
Belleair, FL 33756

Game Days: Saturday afternoons
Times: 11:30 (Ages 5-7)
12:30 (Ages 8-10)
1:30 or 2:30 (Ages 11-13)
3:30 or 4:30 (Ages 14-17)

Evaluations: Tuesday, February 16th
Times: 5:00 pm (Ages 5-7)
6:00 pm (Ages 8-10)
7:00 pm (Ages 11-13)
8:00 pm (Ages 14-17)

Practices: Start March 8th
Mon, Tues, Wed, or Thur Nights

Season: March 13 - May 22
8 Regular Season Games
2 Playoff Games

Cost: \$75 Member
\$90 Non-Member

Info: 727-518-3728



Ages:
5-7
8-10
11-13
14-17

MUST BE REGISTERED BY FEBRUARY 16th
OR UNTIL LEAGUE IS FULL

www.belleairrec.com

League Sponsor Needed!

Belleair Basketball League Registration Form

Name of Child: _____

Rec Card #: _____ Exp Date: _____ Date of Birth: ___/___/___ Age: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Phone: _____ School: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Doctor: _____ Office Phone: _____

Health Information: _____

Email: _____

Special Comments (Please remember that there is no guarantee that we will be able to resolve every situation):

Jersey Size (circle one): YM YL AS AM AL AXL

Experience Level (circle one):

New Player (0 seasons) Returning Player (1-2 seasons) Experienced Player (3+ seasons)

Would you or anyone you know like to be Head Coach or Assistant Coach?

Please check box: Head Coach Assistant Coach None

Indicate person interested:

(Print Child's Name) _____

I, the parent/legal guardian, of the named child on this form, do hereby assume all risks and hazards incidental to my child's participation in activities, use of equipment and facilities of the Town of Belleair's Recreation Department., and I do hereby agree to waive, release, absolve, defend and hold harmless the Town of Belleair, its employees, officers, agents, volunteers, and elected officials from any and all claims, damages losses or injuries of any kind, resulting from my child's participation in activities, use of equipment and facilities of The Town of Belleair's Recreation Department. This release includes a release for any and all losses or injuries arising out of any act or omission or negligence, either active or passive of the Town of Belleair, its employees, officers, agents, volunteers and elected officials. This is given and signed of my own free act and will.

(Signature of Parent or Legal Guardian) _____

Date: _____

OFFICE USE ONLY

League (circle one): (ages 5-7) (ages 8-10) (ages 11-13) (ages 14-17)

League Fee: \$75 Member -or- \$90 Non-Member

Payment: Cash Amt. _____ Check Amt. _____ # _____

Credit type (circle one): Visa MasterCard Other _____ Amt _____

Date Received: _____ Staff Initials: _____