

Burley Basketball

Middle School Sports Program Sponsored by Albemarle County Parks and Recreation

Important Registration Information

Return form and \$65 (cash or check made to Albemarle County) to Mr. Boyd at Burley.
(Limit 40 boys and 40 girls for Basketball Program, First Come First Serve, Register Early, Fills up quickly!)

Dates: September 7 – October 27, 2016

Practice Times will be 4:10-5:45pm (Game days will run longer)

Girls will practice and play games on Tuesdays and Thursdays

Boys will practice and play games on Mondays and Wednesdays

Cost \$65, includes Team T-shirt, 4 games and transportation to away games and then parent's pick-up at away school on game days.

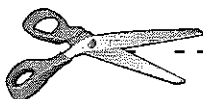
(50% Scholarships Available for qualified students)

*Questions talk to Mr. Boyd at Burley or call Amy Smith at Parks and Rec. #296-5844

Program Rules & Registration

- ❖ Participants must be a student at Burley Middle School. This program is co-sponsored with Albemarle County Schools & Albemarle County Parks & Recreation.
- ❖ Participants must follow school rules as well as rules set-up by the coach/supervisor.
- ❖ Parents must realize that the coach/supervisor has the authority to suspend any individuals from the program if this action is determined to be in the best interest of the overall program. No refund if the participant is suspended from the program.
- ❖ Parents must pick-up their children by 5:45pm. A late fee of \$15.00 will be charged if pick-up is at 6:00pm or later. This fee must be paid to the coach/supervisor before the participant can return.

(Please return bottom half of form with payment & keep top half for your records.)



Please Circle League: Girls League or Boys League

Please Circle Adult T-Shirt Size: Small Medium Large X-Large 2XL

Participant Name: _____ Burley Grade (circle one) 6 7 8

Parent's Email: _____ Home Phone #: _____

Home Address: _____
(Street Address) (City) (Zip Code)

Parent/Guardian Name: _____ Work/Cell Phone #: _____

Parent/Guardian Name: _____ Work/Cell Phone #: _____

Please list any medical conditions that we should know: _____

- ❖ I hereby give my child(ren) permission to be transported to all away basketball games.
- ❖ The parent/guardian authorizes the Sports Program to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately. The parent/guardian releases Albemarle County and its officers, agents and employees from liability that might be incurred during the course of the activity.

Parent/Guardian Signature: _____ Date: _____

Amount Paid _____ Cash Or Check # _____