

# GIRLS Recreational Basketball League



**Who:** Girls 4<sup>th</sup> – 6<sup>th</sup> Grade

**When:** December – March

**Cost:** \$55



**Details:** We are looking for girls to sign up for a recreational basketball league. Practices will begin in December one day a week, where you'll learn the fundamentals of the game. Coaches will work on ball handling, passing, shooting and team play. Games will begin in January mainly on Saturday afternoons. You will play against other cities/schools (Beachwood, Orange, Hathaway Brown, Laurel and Shaker). All practices will take place at Wildcat Sport & Fitness. Game locations will vary depending on who is hosting each weekend.

**Registration Deadline: Friday, November 18**

Please call Sean Supler at 440-461-0237 for more information or if you're interested in volunteer coaching

**Registration Information:** Mail this form along with either credit card information or with a check payable to **Mayfield Village** and remit to Mayfield Village Parks and Recreation, 6622 Wilson Mills Road, Mayfield Village, Ohio, 44143.

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GIRLS REC BBALL REGISTRATION FORM: PLEASE PRINT

**Participant's Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(street) (city) (zip code)

**Home Phone Number:** \_\_\_\_\_ **Height:** ft \_\_\_\_\_ in \_\_\_\_\_

**School Attending:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Shirt Size (circle one):** YOUTH- Medium Large OR ADULT- Small Medium Large X-Large

**Mastercard/Visa/Discover #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **\*v-code** \_\_\_\_\_  
\*(3 digit # on back of card)

**(Waiver must Be Signed to be Registered)**

I understand that each sports league involves physical activity and competition and that injuries may occur to my child or ward. Knowing this, I hereby release, indemnify, and save harmless Mayfield City Schools, Mayfield Village, Gates Mills, Highland Hts., Mayfield Hts., and its employees, as well as all program sponsors, from any and all claims for injuries to person or property sustained or caused by my child or ward while participating in said sports league.

**Signature of parent/legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Below**

**Parent's Name(s)** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Emergency Contact Person**  
**(Name/Phone)** \_\_\_\_\_