

Napoleon Boys Youth Basketball League

League Website: www.napoleonyouthbasketball.org

3rd-6th Grade

Registration Form 2018

Participant's Name: _____

Parents' Name(s): _____

Address: _____

Phone Number: _____

Email: _____

Grade: _____ Shirt Size: _____

Parents interested in coaching:

Name: _____ Phone: _____

Online Registration also available at www.napoleonohio.com

Fee: (check one) \$20.00- Resident* \$30.00- Non-Resident

(A reduced participation fee program is available for qualified families. Contact City Building for details.)

*Parent or legal guardian living within the Napoleon corporation limits or pays City of Napoleon Income Tax. (verification of residency may be required.)

Make Checks Payable to the City of Napoleon.

When: November 12th-15th (Mandatory Evaluation Practices) 6:30 - 7:45 PM

Dec 1, 8, 15, 22, Jan 5, 12, 19, 26 (Saturday Morning scheduled game days)

Where: Napoleon Elementary School

Mandatory Evaluation Practices Reporting Days:

Please Report at the assigned times...No phone Calls or Emails will be made Prior to Evaluation Days.

Players will be evaluated on these days and then placed on teams for league play.

Monday, November 12th: 3rd and 4th Grade 6:30 - 7:45 PM (Gym A & B)

Tuesday, November 13th: 5th and 6th Grade 6:30 - 7:45 PM (Gym B)

Wednesday, November 14th: 3rd & 4th Grade 6:30 - 7:45 PM (Gym A & B)

Thursday, November 15th: 5th & 6th Grade 6:30 - 7:45 PM (Gym A & B)

Return Registration Form with payment to: **Napoleon Parks and Recreation**

255 W. Riverview Ave Napoleon, OH 43545

Entry Deadline: Friday, November 2, 2018

DO NOT RETURN FORM TO SCHOOLS

Any Questions, call the City Building at 419-592-4010 (No Phone Registration)

General Release

I hereby grant my child to participate in the above- mentioned recreation program and agree to release and hold harmless the City of Napoleon, the Napoleon Parks and Recreation Department, its officials, officers, employees, boards, and agents, including, but not limited to all supervisors, coaches, assistants from any and all liability for damages resulting from injury to said child while engaged in the program. I also agree to release and hold harmless all public facility owners and their officials, employees, and agents while engaged in this program.

Parent or Legal Guardian Signature: _____

Date _____

Emergency Phone Number _____