ROCKVILLE CENTRE BASKETBALL LEAGUE
PO BOX 145
ROCKVILLE CENTRE, NY 11571
www.RVCBL.com

ROCKVILLE CENTRE BASKETBALL LEAGUE
2011-2012 SEASON REGISTRATION NOTICE

REGISTRATION will be held on the dates below. Players not registered by September 19, 2011 may be wait listed.

WEDNESDAY	**September 14th**	**7:00 p.m. - 9:00 p.m.**	**South Side Middle School**
THURSDAY	**September 15th**	**7:00 p.m. - 9:00 p.m.**	**South Side Middle School**
SATURDAY	**September 17th**	**12:00 p.m. - 4:00 p.m.**	**Kids Fest RVC Recreation Center**
MONDAY	**September 19th**	**6:30 p.m. - 8:00 p.m.**	**South Side Middle School**

Registration Fees: 1 child: $90 2 children: $170 3 children: $240 4 children: $300 5 children: $350
Make Checks Payable To: "ROCKVILLE CENTRE BASKETBALL LEAGUE" or "RVCBL"

HAVE YOUR ORGANIZATION SPONSOR A TEAM FOR ONLY $200! ASK US FOR A SPONSOR PACKET.

REMINDERS: All players who register for the 2011-2012 season will be placed on a team and will play at least 50% of each game. A PARENT OR GUARDIAN must register their own child. Parent requests to have their son/daughter teamed with another player are not guaranteed. **Players may be moved from one team to another after the season has started in an attempt to balance the teams.**

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To make enrollment easier, bring this SIGNED and COMPLETED form with you to registration.
2011-2012 REGISTRATION FORM - Each child must be enrolled on a separate form.

PLEASE CHECK THE APPROPRIATE DIVISION.

______ Freshman Boys (Grade 3 - Instructional)
______ Sophomore Boys (Grades 4 & 5)
______ Junior Boys (Grades 6 & 7)
______ Senior Boys (Grades 8 & 9)
______ Major Boys (Grades 10-12)
______ Freshman Girls (Grade 3 - Instructional)
______ Sophomore Girls (Grades 4 & 5)
______ Junior Girls (Grades 6 & 7)
______ Major Girls (Grades 8-12)

Child's Name ______________________________________ Birth Date _________ Grade ___ Height: S M T
LAST (FIRST)

Home Address ____ Phone ______________

Email address ____ Payment: Check # ______ or Cash _____

If Player is associated with an RVCBL Sponsor indicate Organization ______________________________________

In order to insure the continued success of our program, parents are invited to participate as coaches. For every 10 children we must have a coach and assistant coach.

Are you available to help as: ____**Head Coach** ____**Assistant Coach** **Coach's First Name**___________________________

Practices are held once a week Monday - Thursday evenings **(Sophomore and Junior Divisions only).**
Please indicate only one evening your child will NOT be available for practice.
___ Monday ___ Tuesday ___ Wednesday ___ Thursday (Remember other sports, religious education, etc.)

This is to certify that my son/daughter, named above, is in good health and physically fit and has my permission to participate in the Rockville Centre Basketball League. I, as parent or guardian of the child named above, assume all risks and hazards incidental to such participation, including transportation to and from the activities, and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Rockville Centre Basketball League, the organization's sponsors, supervisors, officials, participants and persons transporting my child to and from activities for any claim arising out of injury to my child. I permit my child's name and photo to appear on the RVCBL.COM website and local newspaper. Parent requests to have their son/daughter teamed with another player are not guaranteed. **I understand that my child may be reassigned to another team after the season has started.**

Parent or Guardian Signature ____ Date __________