

BASKETBALL REGISTRATION



REGISTRATION: October 1st – November 14th

PRICING: \$55 For Club Membership (need active membership) and \$60 for the Basketball League (\$150 for 3 or more children)

SCHEDULE: Practices begin the week of December 3rd and games begin the week of January 7th

LOCATION: All games will be held at the Community Center and practices will be held at Noblesville Schools (date/ time/ location of practices vary)

PAYMENT INFO: Hand deliver or mail to administrative office at 1700 Conner St. Noblesville, IN 46060 (please include new membership form)

EVALUATIONS WILL ONLY BE FOR GRADES 3-8TH AND WILL BE HELD AT THE COMMUNITY CENTER ON FRIDAY NOVEMBER 16TH

3/4TH GRADES FROM 5:30-6:30

5/6TH GRADES FROM 6:30-7:30

7/8TH GRADES FROM 7:30-8:30

Player Information:

Child's name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Grade: _____ Gender: _____

Shirt Size (circle one): Y10-12 Y14-16 Adult S Adult M Adult L Adult XL

BOTH JERSEYS AND SHORTS ARE INCLUDED THIS YEAR!

Parent signature: _____

PARENT VOLUNTEERS ARE GREATLY APPRECIATED!

If you have any questions please contact Sports Director
Tony Eslamirad at 317-773-4372 or at teslamirad@bgcni.org

VISIT US AT BGCNI.ORG



United Way agency



Permissions Form



Please use this form to provide permission for the following: Off-Campus, transfer between buildings, authorized agencies (i.e. therapists, DCS, mentors, etc.). **Before we will accept the form it must be completed entirely.** REMINDER, this will stay on file until we are otherwise notified. Please keep us updated and information current.

Your child must report to Front Counter prior to time they need to leave. THEY WILL NOT BE REMINDED BY BGCN.

ANY CHANGES MADE DAY OF MUST BE MADE BEFORE 3 pm.

Member Name _____

School _____ Age/ Grade _____

Parent/Guardian Name _____ Phone # _____

I _____ give BGCN permissions (as marked below) for my child(ren). I understand that these permissions will be followed until I otherwise notify the BGCN in writing.

- **Off-Campus Permission** (allowing them to leave whenever they would like) _____ (Initial)
- **To be transferred from Club to Community Center** (allowing them to be escorted to the other building by a BGCN staff) _____ (Initial)

Basketball ___ Volleyball ___ Cheerleading ___ Other _____

Coaches Name _____

Provide the days and times you are allowing your child over _____

REQUIRED/ Does your child need to come back to the Club side? _____

- **Authorized Agencies** (allows the people specified below to visit or pick up) _____ (Initial)

List all representatives and agencies that you authorize to visit your child:

Name _____ Agency _____ Off-Campus _____

Name _____ Agency _____ Off-Campus _____

Name _____ Agency _____ Off-Campus _____

Name _____ Agency _____ Off-Campus _____

Parent/ Guardian Signature _____ Date _____