




BETHANY ATHLETIC CLUB
**WAVES
BASKETBALL
LEAGUE**

GRADES K-8TH

**SEPTEMBER 20TH - NOVEMBER 29TH
(NO GAME NOV. 25TH)**

 **1 Practice Tuesday + 1 Game per week Friday**
\$225 (returning) | \$300 (new)
Open to non-members (additional fee)

K-2ND: 4-5PM
3RD-4TH: 5PM-6PM
5TH-8TH: 6-7PM
TIMES MAY BE CHANGED
BASED ON ENROLLMENT

EARLY BIRD!
ENDS SEP. 1ST
(\$25 OFF)

COACHES: JACKIE CANNON*
SUHIL PAI

- *Former Collegiate basketball player*



For details & how to register, email:
coachjackie@bethanyathleticclub



Youth Basketball Fall League

Grades K-8

September 20th— November 29th 2022



PLAYER INFO

First and Last Name: _____

Age: _____ Grade: _____ Preferred Age Group (circle one): (K-1) (2-3) (4-5) (6-8)

Parent/Guardian Name: _____

Phone Number: Cell _____ Home _____

Email: _____

Additional Emergency Contact:

Name: _____ Relation: _____

Phone: _____

If your child has any special needs or disabilities we should be aware of, please list them below so we can properly accommodate them:

PRICING - Please place a check mark next to appropriate registration fee(s)

_____ \$225 - Returning player with a jersey (Jersey # _____)

_____ \$300- New or returning player needing a new jersey

Jersey Size (circle one):	YOUTH:	XS	S	M	L	XL
	ADULT:	XS	S	M	L	XL

_____ \$15 late fee for registering after Sept 20th

_____ \$25 off for Early Bird registration (forms submitted through Sept. 1st)

_____ Non-member registration (\$50 add-on)

TOTAL DUE FOR PLAYER: \$ _____

REFUND POLICY: We MUST be notified about any cancellations 1 week prior to the start date (Sept. 13th). A \$25 processing fee will be withheld from your refund. An additional \$45 will be withheld from your refund if your jersey has already been ordered. NO REFUNDS WILL BE ALLOWED AFTER SEPTEMBER 27th. No exceptions.

LIABILITY WAIVER: I understand that basketball is a physically active sport. I understand that any injuries that take place during this time are not the financial responsibility of Bethany Athletic Club. I accept full responsibility of my child's actions during this time.

SIGNATURE OF PARENT/GUARDIAN: _____ **Date:** _____