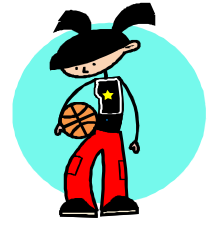




VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
 3 Library Road, Briarcliff Manor, NY 10510
 (914) 941-6560

Briarcliff / Ossining 5th - 8th Grade GIRLS BASKETBALL



A "low-key" league program for girls in grades 5 - 8 who reside in the Village of Briarcliff Manor (VBMR), Briarcliff Manor School District (BMSD), or Ossining (NONR). This is an opportunity for girls to learn the fundamental skills of basketball while participating in a league program emphasizing skills development, sportsmanship and fun. The league will consist of both practice sessions & games for all teams.

- PRACTICE:** Starts the week of December 5th - 1 night a week (Mon., Tues, or Wed. from 7pm – 8pm) at Todd School in Briarcliff.
- GAMES:** January 7, 14, 21, 28 February 4, 11 March 3, 10, 17
 Exact schedule will be determined after teams are made. Games will take place at Todd School in Briarcliff on Saturdays between 8:30 am and 12:00 pm
- FEE:** \$85.00 per VBMR player, \$95.00 per BMSD or NONR player includes a team shirt & participation award.
- REGISTRATION:** Please complete the form below and return it to the Briarcliff Recreation Dept., 3 Library Road with payment, **NO LATER THAN FRIDAY, OCTOBER 28th**. **YOU MUST REGISTER IN ORDER TO PARTICIPATE!**
- COACHES:** Parents are needed to assist in coaching each team. If you are available to coach or would like more information, please indicate on the form below or e-mail Karen at kkuzio@briarcliffmanor.org by Oct. 28th.

Check our webpage at www.briarcliffmanor.org for updated schedules.

BRIARCLIFF/OSSINING 5th – 8th GRADE GIRLS BASKETBALL 2011-2012
Fee: \$75.00 VBMR - \$85.00 BMSD/NONR
Act. # 1271

Name: _____ Grade: _____ Phone: _____

Address: _____ B.M. OSS. School: _____

E-mail Address (checked most often) PRINT CLEARLY: _____

Shirt size: YM(10-12) YL (14-16) AS AM AL Practice night Preference: (**CAN DO**): Mon. Tues. Wed.

Play on a CYO team?(will not impact participation) YES NO

Any Medical concerns: _____

Interested in helping coach a team?

Name: _____ E-mail: _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Town, Villages and School Districts of Briarcliff Manor and Ossining, their employees and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation.

 Signature Parent/Guardian

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard / VISA **

Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). ** Credit Card information below is shredded after processing.

DATE: _____ AMOUNT: _____ RECEIPT#: _____

 Credit Card #: _____ Exp. Date: _____ Cardholder Signature: _____