

# Galesburg Boys' Basketball Junior Streaks 2016-17



Registration will take place at Lakeside Recreation Center  
starting September 26, 2016

**Fee: \$80.00 (make checks payable to the City of Galesburg)**

- Junior Streaks teams participate in the Western Illinois Basketball League with home and away games.
- Fundamental basketball skills, such as ball handling, running offenses, and playing defense are introduced and built upon through structured practices at set times and locations.
- Each player will receive a Galesburg Junior Streaks uniform (new style for 2016–17 season) that they will be allowed to keep after the season.
- Teams are formed according to grade level. All players will play in their respective grade level as listed. Teams will be organized for 3<sup>rd</sup>/4<sup>th</sup> (combined), 5<sup>th</sup>, and 6<sup>th</sup> grade boys.
- No tryouts or cuts at any level.
- Home games played at Hawthorne Centre Gym.



Return this form and participant fee to the Lakeside Recreation Facility by **Friday, October 14, 2016**. If you have questions and/or concerns, please contact the Galesburg Parks and Recreation Department at 309-345-3683.

- Please complete waiver on the back.

# PERMISSION

My son has my permission to participate in the Boys' Junior Silver Streaks basketball program under the direction of the Galesburg Parks and Recreation Department. The Galesburg Parks and Recreation Department will not be responsible for any injuries or claims for damages of any kind arising out of this activity. Those participating and their parents shall consider participation in this activity an agreement to this disclaimer. This includes transportation to and from home/away basketball games and Tournaments. I also agree to allow use of photographs for future promotional use.

Player's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Short Size (please circle):                   YS YM YL AS AM AL AXL

Jersey Size (please circle):                YS YM YL AS AM AL AXL

Address:

\_\_\_\_\_

Street	City	State	Zip
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Email: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent's Name: (Please print) \_\_\_\_\_

Would you like to volunteer coach?   Yes\_\_\_\_\_ No\_\_\_\_\_

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## For Office Use Only

Receipt #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_