

**WHAT:**

2019 Boomer Basketball Program For Boys & Girls  
Ages 3-14 (2019-2020 school year)  
3 years of age as of (December 1, 2019)

**WHEN:**

Games will be played on Saturday Mornings (12/7, 12/14, 12/21, 12/28, 1/4 & 1/11)

**WHERE:**

Games will be played at the Jay Community Center  
115 E Water St Portland, IN 47371

**\*\*Cost includes Boomer Basketball Shirt\*\***

**Cost: \$50.00** On or Before **Sunday, November 3, 2019**

**Cost includes: Boomer Basketball shirt and practice ball**  
**Non-Refundable Fee**

**TEAMS:**

Teams will be organized by JCC. Players will be placed on teams by special requests, M/F, & age.  
Typical age groups are the following:  
3-4, 5-6, 7-9 girls, 7-8 boys,  
9-10 boys, 10+ girls, 11+ boys

**SPECIAL REQUESTS:**

All special requests must be marked below and prioritized. JCC will try to accommodate all special requests but teams will not be overloaded or stacked due to requests.

**PICTURE DAY:**

Pictures will be taken during the second and third week of games prior to the scheduled starting times.

**FUNDRAISER:**

Ask JCC how I can reduce registration fees

(Please cut along this line and return the lower portion to the Jay Community Center)

## 2019 Boomer Basketball Registration Form



Name: \_\_\_\_\_ M/F \_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_  
(Date of Birth) (as 12 1 19) (2019-2020)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Shirt Size: **YS (6-8)** **YM (10-12)** **YL (14-16)** **AS** **AM** **AL** **AXL**

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: [ ]

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Requests \_\_\_\_\_

**PARTICIPANT RELEASE: I hereby grant permission for my child to participate in the Jay Community Center Boomer Youth Basketball Program. Further, I agree to hold harmless & release the center, directors, officials, & coaches from any & all liability related to this program. JCC reserves the right to use photographs for any promotional material.**

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

Would you or a family member or a friend like to consider coaching? **YES** or **NO**

If Yes, what is the name (and best way to contact) of Prospective Coach (Name): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt size for coach (please circle one): **AS** **AM** **AL** **AXL** **AXXL** **AXXXL** **AXXXXL**

Office Use Only:

Fee Paid (Y/N) \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_ Charge, Check, or Cash \_\_\_\_\_ Employee \_\_\_\_\_ Entered in Excel \_\_\_\_\_  
**Registration \$** \_\_\_\_\_ **Fundraiser \$** \_\_\_\_\_ **Credit \$** \_\_\_\_\_ **Balance Owed \$** \_\_\_\_\_

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