Mayfield Village Parks & Recreation is offering....

MBA Boy's Basketball Season 2018-2019 MBA Leagues:

Boy's 3rd-4th Grade; 5th-6th Grade; and *7th-8th Grade

Limit: 60 kids per league

Practices: Start late November, once a week (TBD)

Games: Saturdays, January 5-March 9, 12:30-3:30 p.m.

Location: All practices & games at Wildcat Sport & Fitness. Teams may play a game at either West Geauga or Orange

Notes: *7th-8th graders who make school teams may not play in MBA.

Players of any grade must choose either MBA or CYO, not both.

Registration Starts: Monday, September 17

Cost: \$82/child

Register Online at:

Mayfieldvillage.com/recreation.

See back for more info!

*League Assessments Dates/Times @ Wildcat:

3rd-4th & 5th-6th Grade Leagues:

Saturday November 3, 12:15-1:30 p.m. <u>OR</u>
 Monday, November 5, 6:30-7:30 p.m.

7th-8th Grade League:

Saturday, November 3, 1:30-2:30 p.m. <u>OR</u>
 Monday, November 5, 7:30-8:30 p.m.

*Must attend one of two dates, not both!



DEADLINE TO REGISTER:

*Friday, November 2

*Or until leagues are full

REGISTRATION INFORMATION

Mail this form along with either credit card information or with a check payable to <u>Mayfield Village</u> and remit to Mayfield Village Parks and Recreation, 6622 Wilson Mills Road, Mayfield Village, Ohio, 44143. Or visit <u>www.mayfieldvillage.com/recreation</u> to register online. For more information please contact <u>Sean Supler at 440-461-5163.</u> Checks Payable to: Mayfield Village

MBA REGISTRATION FORM: PLEASE PRINT

Participant's Name:		D.O.B		
Address:			_	
(street)	(city)	(zip code)		
Best Contact Phone Number:	Grade:			
Email:				
Size (circle one): YOUTH- Medium	Large <u>OR</u> ADULT- Small	Medium Large X-Large		
*Y	es, I will volunteer coach. Please sen	d me a packet		
Name:	Email (if different then above)			
	Waiver must Be Signed to be Regi	stered)		
I understand that each sports league involv ward. Knowing this, I hereby release, inder				
land Hts., Mayfield Hts., and its employees, property sustained or caused by my child o			on or	
Signature of parent/legal guardian:		Date:		
	Please Print Below			
Parent's Name(s)	Cell P	hone Number:		
Emergency Contact Person (Name/Phone)				
Mastercard/Visa/Discover #		Exp. Date*v-code *(3 digit # on back of card)		