

Mayfield Village  
Parks & Recreation



# MBA YOUTH BASKETBALL LEAGUE

**DATES:**

**November 29, 2022  
to March 11, 2023**

**Boys 3rd-4th Grade  
Boys 5th-6th Grade  
Boys 7th-8th Grade**

**REGISTRATION FEE:  
\$95 PER CHILD**

**Volunteer Coaches Needed!**

Call Sean Supler at  
440-461-5163 or email at  
[ssupler@mayfieldvillage.com](mailto:ssupler@mayfieldvillage.com)

Learn the basics of basketball and how to work as a team. Learn dribbling, shooting, passing and more. You will build a great development of skills through our training course.

**Registration Begins September 12th**

**Games Played at Wildcat Sport & Fitness**

**WWW.MAYFIELDVILLAGE.COM | 440.461.5163**

# DEADLINE TO REGISTER:

\*Friday, November 4

\*Or until leagues are full

---

## REGISTRATION INFORMATION

Mail this form along with either credit card information or with a check payable to **Mayfield Village** and remit to Mayfield Village Parks and Recreation, 6622 Wilson Mills Road, Mayfield Village, Ohio, 44143. Or visit [www.mayfieldvillage.com/recreation](http://www.mayfieldvillage.com/recreation) to register online. For more information please contact Sean Supler at 440-461-5163. **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 OR ADULT- Small Medium Large X-Large

\* \_\_\_\_\_ Yes, I will volunteer coach. Please send me a packet

Name: \_\_\_\_\_ Email (if different then above) \_\_\_\_\_

### (Waiver must Be Signed to be Registered)

I understand that each sports league involves physical activity and competition and that injuries may occur to my child or ward. Knowing this, I hereby release, indemnify, and save harmless Mayfield City Schools, Mayfield Village, Gates Mills, Highland Hts., Mayfield Hts., and its employees, as well as all program sponsors, from any and all claims for injuries to person or property sustained or caused by my child or ward while participating in said sports league.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Below

Parent's Name(s) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Person (Name/Phone) \_\_\_\_\_

Mastercard/Visa/Discover # \_\_\_\_\_ Exp. Date \_\_\_\_\_ \*v-code \_\_\_\_\_  
\*(3 digit # on back of card)