



CITY OF BOSTON © MASSACHUSETTS

THOMAS M. MENINO  
Mayor

BOSTON CENTERS FOR YOUTH & FAMILIES

DAPHNE GRIFFIN  
Executive Director

## 2008 BOSTON NEIGHBORHOOD BASKETBALL LEAGUE

### INDIVIDUAL PLAYER REGISTRATION

Please only complete this form if your child is not on any team

May 12, 2008

Dear Applicant:

The 39th Annual Boston Neighborhood Basketball League will start on **Monday, June 30th and run through Friday, August 22<sup>nd</sup> including play-off games**. Traditionally, we register teams not players. However, in an effort to provide more opportunity for youth to participate in this wonderful program, we will be accepting individual player registrations. While we cannot guarantee that your child will be placed on any team, we will make every effort to contact our Community Centers and/or B.N.B.L. coaches to place your child on a team. In addition, if you are willing to be a B.N.B.L. coach, please let us know. By volunteering to coach, you will help us provide an opportunity for more kids to participate in the Boston Neighborhood Basketball League.

Enclosed, you will find the **2008 B.N.B.L. Individual Player Application**. Please read and fill out completely and neatly. **No player will be allowed to participate without completing the player registration form and having it signed by a parent/guardian**. Please return all completed applications to:

Woodley Auguste  
Boston Centers for Youth and Families  
1483 Tremont Street  
Boston, MA 02120

If you have any questions or would like to volunteer to coach, please feel free to call me at (617) 635 - 4920 ext. 2116 or by email: [woodley.auguste@cityofboston.gov](mailto:woodley.auguste@cityofboston.gov). Applications can also be faxed to me at (617) 635-3229.

Sincerely,

*Woodley*

Woodley Auguste  
Commissioner, Boston Neighborhood Basketball League



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**2008 BOSTON NEIGHBORHOOD BASKETBALL LEAGUE**

**INDIVIDUAL PLAYER REGISTRATION FORM**

Please only complete this form if your child is not on any team.

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ home

\_\_\_\_\_ mobile

\_\_\_\_\_ work

Email: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ home

\_\_\_\_\_ mobile

\_\_\_\_\_ work

Email: \_\_\_\_\_

**Parent/Guardian Consent**

I am the parent or legal guardian of the above name applicant and verify that he/she is in good health and has my permission to participate in the **Boston Neighborhood Basketball League**.

I agree to indemnify and hold harmless the City of Boston, Boston Centers for Youth & Families, all sponsors and any other individual working on behalf of the Boston Centers for Youth & Families from any claims, demands, and judgments arising at any time my child is participating in the Boston Neighborhood Basketball League. I give consent for my child to be administered first aid and to be treated by an emergency medical technician/paramedic, nurse, or physician in case of injury. I also give consent for my child to be interviewed or photographed by the media.

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

\_\_\_\_\_  
Date