



CITY OF BOSTON @ MASSACHUSETTS

THOMAS M. MENINO  
Mayor

**BOSTON CENTERS FOR YOUTH & FAMILIES**

DAPHNE GRIFFIN  
Executive Director

May 12, 2008

**BOSTON NEIGHBORHOOD BASKETBALL LEAGUE**  
**2008 PEE WEE DEVELOPMENTAL PROGRAM**  
**@ SHELBURNE COMMUNITY CENTER**

Dear Parent/Guardian:

It is time again for our annual "Boston Neighborhood Basketball League Pee Wee Developmental Summer Program. The Pee Wee Developmental Program is geared towards helping kids, between the ages 6 and 10 years old, develop basic and intermediate basketball skills without the pressure of competition. The program will begin on Monday, June 30<sup>th</sup> and run from 5:00PM to 8:00PM every Monday, Tuesday, Wednesday and Thursday throughout the summer until Thursday, August 15<sup>th</sup>. The program will end with a potluck celebration, which we encourage you to attend with your child and bring a dish.

Enclosed is the registration form for the 2008 Pee Wee Developmental Program. The program is **FREE** and limited only to City of Boston residents. Please complete the application and return it by **June 1<sup>st</sup>, 2008**.

Completed applications can be returned by mail or in-person to:

**Diane Galloway**  
Shelburne Community Center  
2730 Washington Street  
Roxbury, MA 02119

**Woodley Auguste**  
Boston Centers for Youth & Families  
1483 Tremont Street  
Roxbury, MA 02120

If accepted into the Pee Wee Developmental program, please have your child at the Shelburne Community Center by 5:30PM on June 30<sup>th</sup>, the official start date of the B.N.B.L. Pee Wee Developmental Program.

If you have any questions regarding the Pee Wee Developmental League, please feel free to call me @ (617) 635-4920 x2116 or by email: [woodley.auguste@cityofboston.gov](mailto:woodley.auguste@cityofboston.gov). Applications can also be faxed to me at (617) 635-3229.

Respectfully,

*Woodley Auguste*

Woodley Auguste  
Commissioner, Boston Neighborhood Basketball League



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**PEE WEE REGISTRATION FORM**

(Please PRINT all information & complete one (1) application per child)

**For Ages 6-10**

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

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

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

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

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

**PARENT/GUARDIAN INFORMATION:**

**EMERGENCY CONTACT INFORMATION:**

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_ mobile

\_\_\_\_\_ mobile

\_\_\_\_\_ work

\_\_\_\_\_ work

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

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

Does your child have any allergies or medical conditions, or does he/she take any medication that we should be informed about?      **YES**      **NO**      (please circle one)

If **YES**, please explain: \_\_\_\_\_

**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 Pee Wee Developmental Program**.

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 Pee Wee Developmental Program. 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