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 30th and run from 5:00PM to 8:00PM every Monday, Tuesday, Wednesday and Thursday throughout the summer until Thursday, August 15th. 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 1st, 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 30th, 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. Applications can also be faxed to me at (617) 635-3229.

Respectfully,

Woodley Auguste  
Commissioner, Boston Neighborhood Basketball League
For Ages 6-10

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: _______________________________

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 signature          Date

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.