Game7
ROOKIE BASKETBALL
SUMMER LEAGUE 2009

WHO: Kindergarten-1st Grade
2nd grade – 3rd grade
(GRADE AS OF 9/09)

Directors: Mike Fagen Long Beach, L.
Jon Wiesenberg RVC
Tom Raleigh Malverne
L. Letlow Uniondale

WHERE: St. Mark's 200 Hempstead Ave, RVC

WHEN: JULY and AUGUST 2008

COST: $70 PER PLAYER Open to all players on Long Island and Queens

The Rookie Summer league season will run from July 8th through August 28th 2008. Games will be held one night a week between 5:00pm and 8:00 pm at St. Mark's church (200 Hempstead Ave, RVC). Some of the games are played indoors and some will be played on outdoor courts. All participants will play at least half the game. Each player will receive a league t-shirt. There will be a short practice before each game. If financial assistance is needed for enrollment, please contact G7.

GAMES WILL BE PLAYED WITH AGE APPROPRIATE HOOPS AND BASKETBALLS
THIS PROGRAM IS FOR FUN!!! Wins and losses will not be kept. Scores will start over each half.
PROGRAM WILL OPERATE ON AN 8 GAME SCHEDULE PER TEAM. You may register with a coach who is putting in a team or we can place you on a team.

To Enroll:
Please complete the application below and mail to Game 7 Sports, Inc. (keep top portion for your reference)

(Checks made payable to Game 7 Sports)

29 Marvin Avenue
Rockville Centre, NY 11570

NAME OF PLAYER: _____
(LAST) (FIRST)

DOB: _____ **SEX: M** __ **F** __ **T-SHIRT SIZE:** (YOUTH SIZES) **S M L**

ADDRESS: _____
(STREET) (TOWN) (ZIP)

PHONE: _____ **GRADE:** _____9/09___ **SCHOOL:** _____

EMAIL: _____
(Game7 will notify you via email regarding game times.)

EMERGENCY CONTACT: _____
WAIVER:

I understand that any player who does not abide by the rules and regulations promulgated by Game 7 is subject to dismissal without reimbursement or recourse. GAME 7 will not be responsible for injury or illness if same was not caused through fault of Game 7. I hereby authorize the directors to act accordingly for me according to their best judgment in any emergency if I cannot be contacted.

Date:_____ Parent/Guardian Signature:_____

I Would Like TO: COACH _____ ASST. COACH _____ St.Marks sumlg 09