

2019 "Black and White"
Girls Summer Basketball League
Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or guardian's name(s): _____

Phone (home) _____ (cell phone) _____

School you will be attending for 2019-20: _____

Grade you will be in for the Fall of 2019: _____

All teams are asked to have their own sponsor; the fee is \$130. and their name/logo will appear on Team's Shirt. Money is due by May 15th.
Make checks payable to Black and White Girls League.

Team Sponsor

Phone:

Please try to form teams consisting of at least 10 players.

If you want to play with a particular team or a particular coach, please indicate below (if not indicated, you will be placed with players from your school and grade):

Who will be coaching your team? _____

Please list coaches name, cell number & email address:

Cell: _____ Email: _____

EXTRA FORMS CAN BE PICKED UP AT:
VISD Athletic Office, V. West HS & V. East HS
sandra.jimenez@visd.net; yulonda.wimbish-north@visd.net
visd.net *Summer Activities section

Please check the division that you would like to play in. This is based on the grade/team that you will be in the fall of 2019. **DIVISION 1 GIRLS will be limited to college players, seniors and/or players on varsity teams or girls recommended by their high school coach.**

<input type="checkbox"/>	Division 1 Girls	<i>Varsity Girls, College Women</i>	<u>Adult Shirt Size</u>			
<input type="checkbox"/>	Division 2 Girls	<i>10th - 11th Grade Girls</i>	S	M	L	XL
<input type="checkbox"/>	Division 3 Girls	<i>8th - 9th Grade Girls</i>				
<input type="checkbox"/>	Division 4 Girls	<i>6th - 7th Grade Girls</i>				

**** Waiver of claims:** I, as parent or guardian, hereby give permission for my child to play in the Black and Girls White Summer Basketball League and acknowledge the fact that she is physically able to participate in league games. I, hereby authorize the directors of the Black and White Girls League to act for me according to their best judgment in any emergency requiring medical attention, and acknowledge that I will be responsible for any cost (through family medical insurance or otherwise) incurred due to injury or sickness to my daughter. I hereby waive any claim that I might have against the Black and White Girls Summer Basketball League and the Institution providing the facilities.

Signature of parent or guardian: _____
(Player may sign if 18 years of age)

Amount paid: \$ _____ (late after May 16th) \$85

-----*Clip and save*-----

Fee: \$75 if you sign up by May15th \$85 if postmarked May 16th or after.

****League Coaches will contact players with play dates, times and team shirts.**

****It is very important that we have coaches email address; all correspondence will be via email.**

Game Dates: June 4th & 5th, June 11th & 12th, June 18th & 19th

Tournament Dates: June 25th & June 26th

Seeding will be determined by the league standings.

Please make checks payable and mail forms to:
Black and White Girls League
P O Box 7600
Victoria, Texas 77903-7600