



## BDL Registration 2019 Season 65

**\* BDL reserves the right to not accept any applications for any reasons. \***

### Mission Statement:

The Basketball Development League's mission is to teach boys and girls the fundamentals of basketball in a fun but competitive manner. Discipline, self-confidence, skill development, participation, and team work are stressed in this league.

Players will be placed on teams ensuring that everyone plays and that all teams have equal ability.

<b>Registration Starts</b>	July 21, 2019 • All players
<b>Last day to Register</b>	August 4, 2019 *If space is available
<b>Season "65"</b>	
<b><u>Practice Schedule</u></b> <i>All practices will be held at</i>  <i>Edenvale Community Center</i> <i>330 Branham Ln</i> <i>San Jose, CA 95111</i>  <b><i>Practice tentatively set for August 15.</i></b>	
<b><u>First Game:</u> Tentatively set for August 18, 2019.</b>	Season Ends: Tentatively set for October 13
Playoff Schedule: TBD	



## Registration

Registration begins Sunday, July 21. Return the completed registration forms along with fees. Registration is accepted on a first come, first served basis. Priority in enrollment will be given to players that were enrolled in the immediately preceding season.

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### Fees:

Rookies, Juniors and Seniors

\$150 for new players, fees include new jersey set

\$120 for returning players. Jersey set is not included.

Adults:

\$110 for new players, fees include new jersey set

\$80 for returning players. Jersey set is not included.

*BDL is a non-profit organization. We make every effort to keep registration costs to a minimum. For the last three years, we have been charging the same registration fees in spite of rising gym and equipment expenses. As much as we would like to retain our current rate, registration fees may need to be increased when new negotiations with Andrew Hill HS come to fruition. For now we have a temporary increase in fees. Therefore, BDL must reserve the right to increase or modify any listed fees in the future.*

**Make Check Payable to:** Basketball Development League

All fees must be paid in full at the time of registration.

### Game Information

Each team will play 8 games beginning August 18, 2019. Each game will last approximately 30 minutes to one hour. The game times and practices maybe subject to change depending on enrollment and gym availability. Please check our website for updates: [bdlbasketball.com](http://bdlbasketball.com)

### Parents Involvement

Since Season 22, parents are required to put in at least 2 hours of volunteer service with the league. We are requesting every family to find the time to volunteer. You can be a team parent, scorekeeper (you will be trained to score), help in setting up and cleaning up, and provide refreshments after the game.

### Code of Conduct

Unsportsmanlike conduct, including mistreatment of referees and coaches as well as the use of foul language, will not be tolerated. BDL reserves the right to terminate or suspend any player or parent's participation in the league due to unsportsmanlike conduct, misconduct or otherwise not adhering to the rules of the game. Unexcused absences from practice may result in reduced playing time. Parents are expected to be courteous and supportive of participants at the games, including coaches, players, referees and scoreboard keepers. Coaches, players, referees, volunteers and scoreboard keepers should be able to conduct the practices and games free from disruptive behavior, including foul or abusive language or obscene gestures from attendees to the practices and games including but not limited to parents of players, players and guests.

Returning:

Division: \_\_\_\_\_

Season: \_\_\_\_\_



**OFFICE USE ONLY**

Date: \_\_\_\_\_

Initiated by: \_\_\_\_\_

Amount: \_\_\_\_\_

**PLAYER REGISTRATION FORM**

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Payment Method: Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_

**IMPORTANT...must be completed (\*) PLEASE SIGN WAIVER.**

*Player's Name:		*Sex: M ___ F ___		
*Email (PLEASE- print clearly):				
*Address:				
*City:			*Zip:	
*Home Phone:	*Cell Phone:	*Age:	*Grade:	
*Birth Date: ___ / ___ / ___	Height: ___ ft. ___	Weight:		
*School				
*Guardian Name (1):		* Relationship to Child:	*Day Phone:	
*Guardian Name (2):		* Relationship to Child:	*Day Phone:	
*Emergency Name Contact:			*Day Phone:	
*Health Insurance Name:		*Doctor's Phone:	*Policy No.	
Dental Insurance Name:		Dentist's Phone:	Policy No.	
*Allergies: Yes ___ No ___		*Special conditions or medications: Yes ___ No ___		
*Explanations for above "yes" responses:				
*** Please carry proper medication with you at all times if needed (ex. Epi pen, inhaler, insulin) ***				
<b>Uniform Sizes ( Youth or Adult )</b>				
Jersey	S	M	L	XL (Adult Sizes Only)
Short	S	M	L	XL (Adult Sizes Only)

