

Register Online at [www.AmarilloNetplex.com](http://www.AmarilloNetplex.com)



# NETPLEX YOUTH BASKETBALL LEAGUES GIRLS & BOYS

- 8 GAMES - PAID OFFICIALS
- REVERSIBLE JERSEY FOR YOUR PLAYER TO KEEP
- INDIVIDUAL AWARD FOR K-2ND and 1ST-2ND PLACE AWARDS FOR TEAMS IN GRADES 3-8TH
- 1-HOUR PRACTICE TIME PER WEEK

**KINDERGARTEN-8TH GRADES**  
**AT AMARILLO NETPLEX - 4101 HILLSIDE RD**

CHECK OPTIONS:

- GIRLS BASKETBALL CLINIC - \$20**  
OCTOBER 28, 2018 - 2pm-3pm
- GIRLS BASKETBALL LEAGUE - \$85**  
NOV 3, 10, 17 & DEC 1, 8 of 2018  
SATURDAYS | DEADLINE: OCT 15, 2018

CHECK OPTIONS:

- BOYS REC BASKETBALL CLINIC - \$20**  
DATE/TIME TBA
- BOYS REC BASKETBALL LEAGUE - \$85**  
JAN 12, 19, 26 & FEB 2, 9 of 2019  
SATURDAYS | DEADLINE: DEC 17, 2018

CHECK OPTIONS:

- BOYS CLUB BASKETBALL CLINIC - \$20**  
DATE/TIME TBA
- BOYS CLUB BASKETBALL LEAGUE - \$99**  
JAN 12, 19, 26 & FEB 2, 9 of 2019  
SATURDAYS | DEADLINE: DEC 17, 2018

ATHLETE NAME:

AGE:

GRADE:

SCHOOL/TEAM:

T-SHIRT SIZE: (CIRCLE ONE) YOUTH S M L ADULT S M L

PARENT/GUARDIAN NAME:

PARENT/GUARDIAN EMAIL:

PARENT/GUARDIAN PHONE:

WOULD YOU LIKE TO BE A COACH?

YES  NO

DISCLAIMER/AGREEMENT:

I, as parent or guardian, of the above named child, hereby grant permission for him/her to participate in Youth and Wee Sports at Netplex and acknowledge the fact that he/she is physically able to participate. I acknowledge that basketball or any other sport or physical activity can be dangerous and that participation could lead to bodily injury or death. In consideration of participation in Youth and Wee Sports at Netplex, I HEREBY ASSUME THE RISK OF THE ABOVE NAMED CHILD PARTICIPATING and accept full responsibility to pay expenses for medical care that may arise from said participation. I hereby release HOOP 10 Basketball, LLC and its employees, J's Gym Inc. (COURT TIME) and its employees, Netplex and its employees and Goal Setters and its employees from all claims or illnesses which may be sustained by my child and authorize the director or designee to select hospital facilities and/or physician of choice and authorize treatment of the above named player on an emergency basis in the event such treatment becomes necessary while participating in Youth and Wee Sports at Netplex. Netplex will not be responsible for loss or theft of money or personal articles.

SIGNATURE:

DATE:



QUESTIONS? Contact Layne Mulamba at: [Netplexinfo@gmail.com](mailto:Netplexinfo@gmail.com)