



2017 WEST SIDE BOYS' BASKETBALL ACADEMY
TRY-IN INFORMATION

Boys 4th Grade – Team Try-in

Sunday, January 22, 2017

Registration @ 3:00 PM - Try-in 3:30-5:00 PM

LOCATION:

West Catholic High School – 1801 Bristol Ave., S.W., Grand Rapids, MI

FEE: \$20.00

Questions or additional information: Bob O'Brien (616) 443-8701 or
westsideboysbball@gmail.com

All participants must bring their own basketball, have a registration form signed by a parent or guardian and pay the try-in fee before participating. Early e-mail registration is helpful.

Visit our Website at www.westsidegirlsbball.com for a registration form, additional information and confirmation of try-in dates and times.



2017 WEST SIDE BOYS' BASKETBALL ACADEMY GENERAL INFORMATION

West Side Boys' Basketball Academy is a non-profit competitive sports organization promoting school-based boys basketball in West Michigan's parochial schools. The program's mission is to develop each player's fundamental skills and basketball acumen within a Christ-centered environment. Any male athlete in a parochial school is invited and encouraged to become a part of the program.

Team Formation

This year West Side will support boys' teams at the 4th grade level. Team formation is through an open try-in on **January 22, 2017** from 3:30 PM to 5:00 PM at West Catholic High School, 1801 Bristol Ave., S.W., Grand Rapids, Michigan. Every athlete who attends a try-in will be placed on a team. Ideally, team assignments will be posted on the organization's website within three days following the completion of try-ins.

Commitment

The 4th grade session will begin in January 22, 2017 and conclude prior to Spring Break. The emphasis for the 4th grade program will be skill development. It is possible, depending on the skill level of the 4th grade group, that some competitive league or tournament play may occur in February and March. Expect one or two practices a week and a possible weekend game schedule.

Estimated Costs - Financial aid is available.

Try-in Fee:	\$20.00
Club Fees:	\$60.00 (Insurance, gym time administrative costs)
Uniform	\$70.00
Tournament Fees:	\$120.00 (Approximate)

Questions please contact Bob O'Brien at (616) 443-8701 or westsideboysbball@gmail.com.
Website at www.westsidegirlsbball.com for a registration form and additional information.



2017 West Side Boys' Basketball Academy Registration Form

Athlete's Name: _____

Date of Birth: MO: _____ DAY: _____ YEAR: _____

Grade: _____ (2016-2017)

School: _____

Home Street Address: _____

City, State Zip: _____

Primary Phone Number: _____

Primary E-mail: _____

Parent Name(s): _____

Mobile or Alternate Phone: _____

MEDICAL WAIVER AND RELEASE

Due to the strenuous nature of basketball, the athlete identified above ("ATHLETE") and their parents are urged to consult their physician concerning ATHLETE's fitness to participate in any event organized or sponsored by West Side Girls' Basketball Academy, Inc. d/b/a West Side Boys' Basketball Academy ("WSGBA"). Basketball presents certain inherent risks and hazards, which ATHLETE is urged to consider and for which ATHLETE and their parent(s) assume all responsibility. WSGBA, its shareholders, representatives, coaches and any facilities where events, workouts, practices, or games will be played will assume no liability for injury or damages arising from ATHLETE's participation unless due to the willful misconduct or gross negligence of WSGBA, its shareholders or agents. In consideration of participating with any event sponsored or organized by WSGBA, I, for ATHLETE, my heirs and myself, waive any and all rights and/or claims for damages I may have against WSGBA, its shareholders, affiliates and agents, for any and all injuries from whatever cause suffered by ATHLETE while involved in any events, games or practices sponsored or organized by WSGBA.

I approve of the participation of ATHLETE in WSGBA sponsored or organized events, workouts, programs, practices or games. I consent to the medical treatment and/or transportation of ATHLETE on my behalf and within the sole discretion of WSGBA and its agents. I agree to be financially responsible for the cost of such assistance and/or treatment. To the best of my knowledge, there are no physical or other conditions which will interfere with ATHLETE's participation in any events, games or practices sponsored or organized by WSGBA.

PARENT SIGNATURE: _____

PRINT: _____

DATE: _____