

2018 UXBRIDGE SUMMER BASKETBALL LEAGUE

(Earlier start to the league this year!)

The Uxbridge Summer Basketball League is open to all **Uxbridge residents** or **students (boys & girls) attending school in Uxbridge** entering grades 3-12. Games are played Monday through Thursday between 5:00pm and 7:00pm. Practices will start June 4th. Games will start June 11th. All players will be placed on a team regardless of skill or prior experience. Please see the league's website at:
www.heclahoopssummerleague.com

Cost: \$55.00 for 1 player, \$80.00 for 2 players, \$10.00 for each additional player.

No player will be eligible to play without a completed registration form. Please contact **Brian Miller at (508) 282-9539** with any questions.

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Please use a separate application for each player. Make checks payable to:

Uxbridge Summer Basketball League or USBL

Please mail your completed registration form along with the fee to the following address:

Uxbridge Summer Basketball League
C/O Brian Miller
25 Smith St.
Uxbridge, MA 01569

Player Name _____

Address _____

Phone _____ **HEIGHT:** _____ School: _____

Email Address _____

Grade going into in 2018: _____ Birthday: _____ Male _____ Female _____

Other sports/activities enrolled in during summer 2018: _____

Parent/Guardian Release

I/we the parent(s) or guardian(s) of the above named candidate for a position on an Uxbridge Summer Basketball League team hereby give my/our permission for him/her to participate in any U.S.B.L activity. I/we the parent/guardian assume all risk and hazard incidental to such participants including transportation to and from activity. I/we agree that no member, coach, referee, director and anybody affiliated with the U.S.B.L will be held responsible for any illness/injury that may take place during or from league activity.

I/we also give permission to the director or any coach to act appropriately in the event of emergency. My/our son/daughter is in good physical health to perform in this league. I/we also state that my/our son/daughter is an Uxbridge resident or attends Uxbridge Public School.

Parent/Guardian Signature _____ Date _____

*****Anyone who can volunteer to help the league in any way, please fill out the bottom of this application. Thank you!

Name _____ Phone: _____ Address _____

I can: Coach/Asst. Coach _____ Sponsor a Team _____