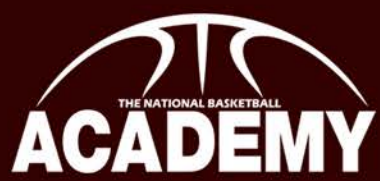




JUNIOR CAVS FALL BASKETBALL LEAGUE



October 9-December 16, 2017

The Goddard School of Westlake
30502 Center Ridge Road
Westlake, OH 44145

**COST: \$85/\$105 Goddard School of Westlake member/Non-member
Includes Jersey and Cavaliers game ticket!**

(Westlake Goddard School members use promo code: 2017FALLJRCAVSGSW at checkout)

AGE GROUPS (projected practice days):

- 3-4 year old division (Tues.)
 - 5-6 year old division (Wed.)
 - 7-8 year old division (Thur.)
- ** Boys & girls are combined **

LEAGUE INFORMATION:

- League consists of 8 games and 8 practices
- All leagues are LEARNING LEAGUES
- Baskets are lowered to appropriate height for each age
- Each player receives a league jersey
- Each player one ticket to a future Cavs game!

Steve Vega will also be doing a Coaches Clinics to help the coaches develop some practice plans and do appropriate age and skill level drill work for each team.

REGISTRATION ENDS:

September 18, 2017
Spots will fill up before deadline, register today!

LEAGUE DATES:

- October 9: Practices Begin
- October 21: First Game
- December 16: Last Game



THE
GODDARD SCHOOL[®]
FOR EARLY CHILDHOOD DEVELOPMENT

Questions? Want to volunteer as a coach? Contact Steve Vega:
svega@thebasketballacademy.com · 440-227-3595

REGISTER TODAY!!

www.TNBABasketball.com/TNBAOhio/?event=2017-jr-cavs-fall-goddard



JUNIOR CAVS FALL BASKETBALL LEAGUE

www.TNBABasketball.com/TNBAOhio to register online / Call 216.378.0932 for more information.

REGISTRATION FORM

Jr. Cavs Fall Basketball League
October 9 - December 16, 2017

The Goddard School of Westlake
30502 Center Ridge Road
Westlake, OH 44145

Check division (boys & girls are combined):
 3-4 year old division
 5-6 year old division
 7-8 year old division

COST: \$85/\$105 - Includes jersey & ticket
Westlake Goddard School member/Non-member

(Goddard School of Westlake members use promo code: 2017FALLJRCAVSGSW at checkout)

PRE-REGISTER ONLINE OR BY MAIL.

OR BRING THIS COUPON PLUS PAYMENT TO THE EVENT (SUBJECT TO ROOM AND AVAILABILITY)

Please complete this registration form, including parent or guardian signature, and send to:
The National Basketball Academy, 34650 Melinz Parkway, Eastlake, OH 44095

Make all checks payable to: The National Basketball Academy
ALL SALES ARE FINAL. NO REFUNDS OR EXCHANGES WILL BE ISSUED.



**Please note all credit cards will be subject to an additional service charge of 4% of the total dollar transaction.*

Child's Name _____
 Parent or Guardian Name _____
 Address _____
 City/State/Zip _____
 Home Phone _____ Parent's Work Phone _____
 Parent's Cell Phone _____ Child D.O.B. (MM/DD/YY) _____ Grade _____
 E-mail _____
 Credit Card # _____ Exp. Date _____ 3-Digit Security# (on back of card) _____

Amt. charged to card \$ _____

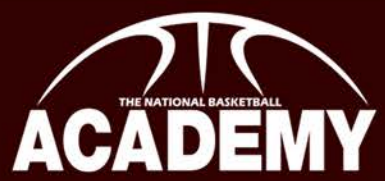
The SIGNER grants permissions to The National Basketball Academy (and its designees and agents) to use the Signer's child's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission, exhibition, publication or reproduction made of or at the Event in any medium or content without further authorization or compensation.

We, the undersigned, do hereby consent to our child's participation in The National Basketball Academy event. Our child is in good health and can participate in all activities. Therefore, in consideration for the services to be performed by The National Basketball Academy, I/we do further release their agents and employees and any others associated with the camps from any and all claim or liability to us or our child for any damages or injuries which may be sustained by our child in connection with The National Basketball Academy event.

Parent or Guardian Signature _____

In the event that reasonable attempts to reach parents/guardians at phone numbers listed have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by: _____ (preferred physician and phone) or by another licensed physician or the transfer of child to nearest appropriate hospital or emergency facility. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to performance of surgery.

Parent or Guardian Signature _____



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