

BVAC WINTER SPORTS 2010

19404 E. HOLKE RD * INDEPENDENCE, MO 64057

(816) 796-8702

WWW.BVACSPORTS.ORG

fax (816) 796-2372

BASKETBALL LEAGUE II 2010

GENERAL INFORMATION: 4 YEARS THRU 4TH GRADE

- Most games are played on Saturdays
- League play 8 games – All at BVAC
- Everyone is welcome to play.
- Practice begins the week of Jan. 26th
- All players will receive a medal
Games Begin January 30th



AGE DIVISIONS

Must be 4yrs by Jan. 30th

Pre & Kindergarten
1st & 2nd GRADE
3rd & 4th GRADE

DEADLINE: Jan 8th, 2010

FEE: \$72.00

INCLUDES TEAM SHIRT!!

IF YOU PLAYED IN SESSION I AND YOUR TEAM IS RETURNING, YOU ONLY PAY \$62.00

If you go to a new team you will have to pay \$10 for a new shirt!
All teams will wear BVAC shirts!



"FUTSAL"- Winter Soccer II **INDOOR SOCCER IN THE BVAC GYM!!!**



GENERAL INFORMATION

IMPROVE YOUR FOOT SKILLS
SATURDAY LEAGUE

LEAGUE PLAY ONLY- NO PRACTICES

SHIN GUARDS REQUIRED
TEAM SHIRTS NOT PROVIDED
NO CLEATS ALLOWED
INDIVIDUAL AWARDS NOT GIVEN



AGE DIVISIONS: 3 years through 6th Grade

Fee: \$50.00 per player
Deadline: Jan. 8th



IMPORTANT DATES

REGISTRATION DEADLINE: JANUARY 8th, 2010

GAMES BEGIN: JANUARY 30th, 2010

PLAYERS MAY PLAY BOTH SOCCER AND BASKETBALL

GAMES WILL NOT CONFLICT!

Adults need to have fun
also. Take a break & enjoy
a sport yourself!

ADULT VOLLEYBALL

18 yrs & Older

Exercise and Enjoy!

DEADLINE: Jan. 8th, 2010
FEE: \$200.00 per team

GENERAL INFORMATION:

All games played at BVAC

All teams are co-ed

Sign up your team today!

Only games on Monday nights - To register contact BVAC (816) 796-8702

Winning team receives t-shirts

Games Begin: Jan. 25th, 2010

BVAC BASKETBALL, FUTSAL, OR ADULT VOLLEYBALL 2010

ONE FORM PER CHILD PLEASE! ALL REGISTRATIONS MUST GO THROUGH THE BVAC OFFICE.

CHILD'S NAME: _____ BOY: ___ GIRL: ___ GRADE: _____ (JAN. 2010)
 CHILD'S AGE: ___ BIRTHDAY: _____ EMAIL: _____ HOME PHONE: _____
 PARENTS NAME: _____ CELL _____ WK MOM () DAD () _____
 ADDRESS: _____ CITY _____ ZIP _____
 YES I WILL COACH, OR TEAM I WOULD PREFER: _____ (Not Guaranteed)

FREE
BASKETBALL LEAGUE SHIRT

Please check shirt size:

Youth 2-4 _____	Youth 14-16 _____	Adult SM _____
Youth 6-8 _____	Adult Med _____	
Youth 10-12 _____		

BASKETBALL
League II

DEADLINE: JAN. 8th
New Players: \$72.00
Returning Players: \$62.00

Please check division:
DIVISION I:
 4 years-Kind. _____

DIVISION II
 1st & 2nd graders _____

DIVISION III
 3rd & 4th graders _____

FUTSAL II

DEADLINE:
JAN. 8TH

FEE: \$50.00

Please check division:
 Pre & Kinder. _____
 1st & 2nd grade _____
 3rd & 4th grade _____
 5th & 6th grade _____

ADULT
VOLLEYBALL

DEADLINE:
JAN 8th

CONTACT BVAC
FOR MORE
INFORMATION

796-8702
OR
WWW.BVACSPORTS.ORG

WAIVER FORM

IF PASS DEADLINE: \$15.00 LATE FEE!!

Parent Permission and Authorization for Treatment: We give our consent for this player to participate in the above program. In case of accident or injury, we hereby agree to hold the Blue Valley Activity Center, it's employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which arises by or in connection with participation by my child in any activities related to this sport. If we cannot be reached and in the event of an emergency, we also give consent for the league director, referees, or its coaches to obtain through a physician or a hospital of its choice, such medical care as is reasonably necessary for the welfare of the player.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

Please help support the growth of BVAC's sports programs. Thank you!

Donation Amount \$ _____

AMOUNT ENCLOSED- BASKETBALL\$ 72.00: ___ FUTSAL \$ 50.00: ___
REFUNDS WILL NOT BE GIVEN! (A \$20.00 SERVICE CHARGE ON ALL RETURNED CHECKS)

OFFICE USE ONLY:				
DATE RECEIVED	AMOUNT	CK#	CASH	CHARGE

CREDIT CARDS: _____ VISA _____ MASTERCARD _____ TOTAL AMOUNT _____

CREDIT CARD NUMBER:

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VERIFICATION CODE

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 *LAST 3 DIGITS ON REVERSE SIDE OF CARD

NAME (AS APPEARS ON CARD) _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIP _____

SIGNATURE _____ EXPIRATION DATE ____/____/____

IF CHARGING YOU MAY FAX TO (816) 796-2372 Month / Year

MAIL OR BRING TO: BVAC 19404 E. HOLKE RD. INDEP. MO 64057