

# Jr. NBA Basketball League

This Jr. NBA affiliated basketball league is for boys and girls in Kindergarten through 6th grade. Jr. NBA is individual sign ups only and participants will receive an NBA replica jersey. A coaches meeting and draft (for grades 3rd-6th only) will immediately follow evaluations at the SportsPlex on Oct. 1. Coaches needed! For more information, contact Cindy at [chenry@cityofcape.org](mailto:chenry@cityofcape.org).

**WHO:**

Boys & Girls in Kindergarten through 6th Grade

**WHEN:**

Games will be played on Thursdays & Fridays Oct. 24 - Dec. 13  
A mandatory evaluation will be held on Oct. 1 at the SportsPlex for grades 3rd-4th (5:30 p.m. - 6:30 p.m.) and grades 5th-6th (6:30 p.m. - 7:30 p.m.).

**SIGN UPS:**

Register by Sept. 22 | 20% Late Fee Applied after Sept. 22

**FEE:**

\$55 for Kindergarten (6 games) | \$75 for 1st-6th Grade

**WHERE:**

Cape Girardeau SportsPlex



Sign up online at [www.cityofcape.org/basketball](http://www.cityofcape.org/basketball)



**CITY of CAPE**  
**GIRARDEAU**  
PARKS & RECREATION DEPARTMENT

2526 Jim Drury Way  
Cape Girardeau MO 63701  
573.339.6608  
[chenry@cityofcape.org](mailto:chenry@cityofcape.org)

CAPE GIRARDEAU  
**SPORTSPLEX**

# JR. NBA REGISTRATION FORM

**GRADE:** Boys and Girls in Kindergarten through 6th grade.  
**START DATE:** Tentative start date is October 24 - December 13.  
**IMPORTANT DATES:** Mandatory evaluation for grades 3rd-4th (5:30-6:30 p.m.) and grades 5th-6th (6:30-7:30 p.m.) on October 1 at the SportsPlex. Coaches meeting for all coaches and draft (for grades 3rd-6th only) on October 1 immediately following evaluations at the SportsPlex.  
**REGISTRATION:** Register by Sept. 22 at [www.cityofcape.org/basketball](http://www.cityofcape.org/basketball) or at the A. C. Brase Arena or SportsPlex.  
**ENTRY FEE:** \$55 for Kindergarten (6 games) | \$75 for 1st-6th Grade (includes NBA replica jersey & practice times). 20% late fee applied after Sept. 22  
**LEAGUE DIRECTOR:** Cindy Henry. Contact at [chenry@cityofcape.org](mailto:chenry@cityofcape.org) or 573.339.6608.

## PLAYER FORM

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Primary Number** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Texting Number** \_\_\_\_\_ **Cell Phone Provider (AT&T, Verizon, etc.)** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age** \_\_\_\_\_ **Gender (circle one):** **MALE** **FEMALE**  
**Child's school?** \_\_\_\_\_ **Parent/Guardian Name** \_\_\_\_\_  
**Shirt Size (circle one):** **YS (5-8)** **YM (10-12)** **YL (14-16)** **AS** **AM** **AL** **AXL**  
**Division (circle one):** **Kindergarten** **1st** **2nd** **3rd** **4th** **5th** **6th**  
Please rate your child's basketball skills compared to other kids his or her age from 1 (lowest) to 5 (highest): **1** **2** **3** **4** **5**  
**Special Requests:** \_\_\_\_\_

I/We, the parent(s) of \_\_\_\_\_ fully understand the risk of personal injury due to my participating in the City of Cape Girardeau Parks and Recreation Department League, and hereby agree to assume such risk. In consideration of the opportunity to participate in this league I hereby waive all claims for personal injury and property damage, of any kind of character whatsoever, against the City of Cape Girardeau. In addition I hereby release the forego-ing from liability for any such claims that may arise from, or occur as a result of, my participating in the City of Cape Girardeau Parks and Recreation Department League. In further consideration for the opportunity to participate in the City of Cape Girardeau Parks and Recreation Department League, I hereby agree to indemnify and hold harmless the City of Cape Girardeau, and all league officials, and coaches, including but not limited to relatives of participants in the City of Cape Girardeau Parks and Recreation Department League, for personal injury that may result from or be caused by intentional, deliberate, reckless, or negligent conduct. This indemnity shall survive my child/dependents participation in this City of Cape Girardeau Parks and Recreation Department League. I certify that my child/dependent is in good physical health and I have no knowledge of my child/dependent having a history of any type of physical or mental ailment that would present a risk of physical danger to my child/dependent or any participant in the City of Cape Girardeau Parks and Recreation Department League. I/we will furnish a certified Birth Certificate of the above named player upon request of the league officials.  
I/We have read the above carefully, understand it, and agree to it.

\_\_\_\_\_  
**Parents or Guardian signature**

\_\_\_\_\_  
**Date**

## COACH FORM

Only fill out if interested in coaching. A mandatory background check will be completed for every potential coach.

**Coach's Name** \_\_\_\_\_ **Player's Name** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Primary Number** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Texting Number** \_\_\_\_\_ **Cell Phone Provider (AT&T, Verizon, etc.)** \_\_\_\_\_  
**Circle One:** **Head Coach** **Assistant Coach** **Either** **Shirt Size (circle one):** **AS** **AM** **AL** **AXL** **2XL** **3XL**

### HEAD COACHES ONLY:

**Do you have an assistant coach (only 1 asst.)?** \_\_\_\_ Yes \_\_\_\_ No **If yes, assistant coach's name:** \_\_\_\_\_

### ASSISTANT COACHES ONLY:

**Do you have a head coach you would like to join?** \_\_\_\_ Yes \_\_\_\_ No **If yes, head coach's name:** \_\_\_\_\_

\_\_\_\_\_  
**Coach's signature**

\_\_\_\_\_  
**Date**