

# **BREVARD JUNIOR MAGIC**

## **Winter 2011 BASKETBALL LEAGUE & DANCE/CHEER TEAMS**

**WHO: Boys & Girls Grades 3<sup>rd</sup>- 8<sup>th</sup>**



**REGISTRATION: Online Now @ [www.BrevardJrMagic.com](http://www.BrevardJrMagic.com) Season Starts: Dec 3<sup>rd</sup>  
Or In Person ...Saturdays, October 19<sup>th</sup> to November 19<sup>th</sup> from 10am-2pm**

**Skills Mini-Camp & Player Draft: Saturday, Dec 3<sup>rd</sup> / Coaches Can Pre-Draft 3 Players Max  
League Play: Saturdays, Dec 10<sup>th</sup> - Feb 11<sup>th</sup>, Playoffs/Championships Feb 18<sup>th</sup>**

**Practices: Times will be finalized after registration is complete.**

Cocoa West - Mondays or Thursdays between 5:00-8:00 p.m.

Woody Simpson - Tuesdays or Thursdays between 5:00-8:00 p.m.

**Recreational League Format: 10 Players per Team (5 play 1<sup>st</sup>/3<sup>rd</sup> & 5 play 2<sup>nd</sup>/4<sup>th</sup> quarters)**

*Limited Space at Brevard County Parks & Recreation Centers – Register Early! Teams Fill-up FAST!*

### **Basketball**

**Division 1 = 3<sup>rd</sup> / 4<sup>th</sup> Grade 8 Teams / Maximum 40 Players**

**Division 2 = 5<sup>th</sup> / 6<sup>th</sup> Grade 8 Teams / Maximum 40 Players**

**Division 3 = 7<sup>th</sup> / 8<sup>th</sup> Grade 8 Teams / Maximum 40 Players**

### **Dance/Cheer**

**3<sup>rd</sup>/4<sup>th</sup> Grade Squad = 16 Participants Only**

**5<sup>th</sup>/6<sup>th</sup> Grade Squad = 16 Participants Only**

**7<sup>th</sup>/8<sup>th</sup> Grade Squad = 12 Participants Only**

### **Registration Fee \$65.00 Player (\$5 Off Additional Siblings) / Each Player Will Receive:**

- Season Opening 1-Day Instructional Mini-Camp on Drills, Skills, Complete w/ Player Assessment & Draft
- 7 Game Reg. Season + 1 Playoff Game Guarantee / Additional Playoff, Championship (if advances)
- Authentic Junior Magic Jersey (Reversible Blue & White – Numbered)
- A Complimentary Orlando Magic Ticket to a Professional NBA Home Game at the New Amway Center!
- Participation Medals / Trophies for 1<sup>st</sup>/2<sup>nd</sup> Place Finishers in Each Division & Weekly Hustle Certificates
- \* **Dance/Cheer Registration Fee \$45.00 Per Child - Includes Dance/Cheer Top, Medals, Poms & Game Ticket**

**Volunteer Coaches Needed: Includes Training (if necessary), Coaches Shirt & Magic Game Ticket**

**Sponsorship Opportunities: Affiliation with NBA's Orlando Magic & Exposure to 1000's Parents/Residents  
Player Registration – Coaches Application – Sponsorships "All Online" @ [www.BrevardJrMagic.com](http://www.BrevardJrMagic.com)**

### **Brevard Parks & Recreation Participating Locations:**

Sponsored By



[www.brevardelite.org](http://www.brevardelite.org)

Cocoa West Community Center

230 S. Burnett Road

Cocoa, Florida

(321) 633-1987

Woody Simpson Community Center

1590 Schoolhouse Road

Merritt Island, Florida

(321) 455-1379



**Audio Message: (321) 525-7212**



Brevard County Parks & Recreation—Central Area Parks Operations  
"ReCreating the Future"



JR. MAGIC YOUTH BASKETBALL REGISTRATION FORM

PLEASE PRINT

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Email: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING!

\_\_\_\_\_ My initials here acknowledge that I received a copy of the program rules and regulations and program discipline policy which I have read and understand.

**Media Release** (check one) I hereby  give permission  deny permission for release of photographs taken of my child in this program.

**Emergency Medical Release:** \_\_\_\_\_ My initials here indicate that, in the event of a medical emergency, and a parent/guardian cannot be reached, I grant permission for my child to receive emergency medical treatment by the proper authorities. Insurance Company: \_\_\_\_\_

Participant's Physician Phone: \_\_\_\_\_ Participant's Hospital Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Please indicate any other information helpful to staff concerning your child. \_\_\_\_\_

Having been informed of the activity to provide supervised recreation for boys/girls, I/we, the parents of the participant named above, do hereby give my/our approval in his/her participation in any and all of the activities. I/we assume all risks and hazards incidental to the conduct of the activity, transportation to and from the activities, and I/we do further hereby release, absolve, indemnify and hold harmless Brevard County, its agents and employees, the organizers and sponsors, any and all of them. In case of injury to my/our son/daughter, I/we hereby waive all claims against the organizers, the sponsors or any of the supervisors appointed by them. I/we likewise release from responsibility any person transporting my/our child to and from activities. By signing below I/we are also acknowledging that I/we have read, understand, and agree to the Program Rules and Regulations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PAYMENT METHOD

Cash  Check # \_\_\_\_\_  Credit Card Type \_\_\_\_\_

NOTES: \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_