



# The GYM/Competitive Basketball Fall BB League

P.O. Box 6086 Kingwood, TX 77325 (281)744-1321 www.cball.com



www.ourgym.net

Dear Players:

We are now planning for The GYM/CBL Fall BB League. The format has been very successful every Fall. All teams will play at least one game a week. On occasion, some teams might play twice a week. The kids enjoy the Fall League—they get a chance to work on their game for the upcoming season in a game environment. Space is limited. Therefore, registration will be by the order in which the enclosed form is received. Below are some guidelines of the program.

1. The season will begin on Saturday, September 13 and all teams will play at least 8 games.
2. All teams will play at least 1 game per week. Games will be played primarily on Saturdays. There will be a season ending championship tournament. One practice per week available for each team.
3. The CBL Tournament will begin on the Sunday that follows the last regular season game.
4. All games will be played at The GYM in Humble.
5. All school basketball players are eligible to play & we expect a large turn-out of middle and high school kids.
6. Shirts are provided & certified High School Referees officiate the games.
7. Try-outs & Late Registration will be Saturday September 6, 2008 9am-12noon at The GYM.

PRICE SCHEDULE	
The following discounts apply for multiple players from the same family:	
# Players from Same Family	Cost Per Player
1	\$130
2	\$120
3	\$110
4	\$100



**The GYM**  
**2325 Atascocita Road, Bldg G**  
**Humble, TX 77396**  
**(281) 540-4496**

Registration is \$130 for individuals and a check can be made out and mailed to Competitive Basketball League, P.O. Box 6086, Kingwood, Texas 77325. Please complete the form below with your registration. If the league is full, your check will be returned. For more information, you can call (713) 876-6281 or visit our web site at www.cball.com.

We look forward to having a lot of fun and a great program for the kids.

CUT AND KEEP ABOVE INFORMATION

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PLAYER'S NAME \_\_\_\_\_ Check one:  BOY  GIRL

PHONES (H) \_\_\_\_\_ (O) \_\_\_\_\_ (C) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL: \_\_\_\_\_  Check here to receive e-mails notices from CBL

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

SCHOOL \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_

CHILD'S YEARS OF EXPERIENCE AS A PLAYER \_\_\_\_\_ GRADE \_\_\_\_\_

I would like to be a coach  YES  NO

For good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, and in connection with my admission to, and/or voluntary participation in events at The GYM in Humble, TX.

1. I hereby acknowledge and accept sole responsibility for all hazards and risks to me, my child and property associated with or related to my participation in the Event and for any damage or injury that I may cause others.
2. I hereby release, waive and forever discharge any and all claims of damage or causes of action, including but not limited to, death, personal injury or loss or damage to property, which I or any of the representatives, heirs, next of kin or assignees (my "Representatives") may have or which may hereinafter accrue to me or my Representatives as a result of my voluntary participation or being a spectator at The GYM in the Event or otherwise and which may be asserted by me or my Representatives against Kiwi Properties, LTD, dba The GYM, The Competitive Basketball League, or any sponsor, and any of their respective related entities, subsidiaries and affiliates (collectively, "Released Entities"), and for each such Released Entity, its respective officers, directors, owners, governors, coaches, officials, volunteers, employees, agents, representatives, successors, and assigns (collectively, and together with the Released Entities, the "Releases"), whether caused by the acts, omissions or negligence of any Releasee or by any other person or entity.
3. I hereby represent that, if this form is not signed below by my parent or guardian, I am eighteen (18) years of age or older.
4. Parent or guardian assures the League that adequate medical insurance is available and if necessary will be responsible for any medical expenses.

AGREED AND ACCEPTED:

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

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