DEVELOPMENTAL PROGRAMS presents

JR. ROCKETS DEVELOPMENTAL BASKETBALL LEAGUE

Also presented by EZ Developmental & Prevention Program, Inc. a non-profit organization

"COMPETITIVE, FUN, & SPECIALIZING IN YOUTH DEVELOPMENT"

- **Boys & Girls --K THRU 6 GRADE -- BRING a team or ENTER a draft**
  (grado Muchachos y Muchachas: Treagan un compañero de juego)

- **Each Player Receives One Free Rockets Game Ticket! –Todos los jugadores recibiran un vileto al juego de los Rocket Gratis**
- **Each Player Receives Player Card – Cada jugador recibira una earta de jugador**
- **All Participants Also Receives JR. ROCKETS REVERSIBLE GAME JERSEY! – Recibirau;na playera Reversible de los JR ROCKETS**

*** Players will be awarded Academic & Participation Certificate.**
(Los jugadores serán recompensados por sus calificaciones.)
* **Games Location: Boys & Girls Club – 10918 ½ Bentley** (Near Off E. Little York, Close to 59N)
*** Games on Saturdays – 7 games/Including championship game /5 Practice Days – TBA or call for Info.**
(Los juegos serán los Sábados - 7 juegos / championship juego / **5 Practica - TBA)-**
*** Cost is $85 per player. (No Refunds)*** *
(El Costo es $85 por persona. (No se aran reembolsos después)* ***

(Jugador Nombre) (Escuela) (Distrito)
Player Name_____School_____District_____
(Grado) (Edad) (Fecha de nacimiento) (estatura) (Peso(Nivel) (Primerizo) (Medio) (Experiencia)
Grade _____Age_____ Date of Birth_____ Ht_____Wt _____ LEVEL: Beginner__ Average__ Experienced __

(Nombre De los Padres) (Dirección) (Cuidad) (Código Postal)
Parent's Name_____Address_____City_____Zip_____
(Telepono – Casa (Tamaño de camisa)
Phone- hm_____ cell_____e-mail_____Shirt Size_____

Division: South ___ NO Central ___ North ___ NOEast ___ Northwest ___ Central___

I would like to be a Coach or I know someone that is interested (Quisiera ser un coach) ___Yes ___No
I would like to be Volunteer (Quisiera ser un voluntario) ___Yes ___No
Check which gender is your child
(Marque en que gender esta inscribiendo su hijo o hija ___Boys ___Girls
Check whichk League you are registering your child
(Marque en que lega esta inscribiendo su hijo o hija DBL ___ N ___C ___NE___

Registration: ZUMA'S FUN CENTER – "45N & Rankin Rd." & Supreme Beauty Supply – 5224A Aldine Mail Rt
Formas de Registracion en el ZUMA'S FUN CENTER –en el "45N & Rankin Rd." & Supreme Beauty Supply – 5224A Aldine Mail Rt

Registration Days/Times: Thus @ 6:00p-8:00p and Sat. @ 3:00p-6:00p – WALK INS @ OFF. M-F - 9am – 2pm 505 N. Sam Houston Pkwy E ste 600
Días de Registracion/Horas: Jueves a las 6:00p-8:00p y los Sábados de 3:00p-6:00p

Mail and Payable to: EZDPP OR EZ Developmental & Prevention Program, Inc. - PO Box 683255, Houston Tx. 77268
(Mande su pago por correo y el pago a: : EZDPP OR EZ Developmental & Prevention Program, Inc. PO Box 683255, Houston Tx. 77268

*$85 League Registration – ($35 on Return Checks)

Waiver

The undersigned being the parent or legal guardian of the player named above, hereby agrees to indemnify, defend, and hold harmless **Developmental Programs, Developmental Basketball League**, **& all of its Programs activities**, **Spring ISD**, **Apostolic Bible Center**, **Beautiful Savior Luthern Church**, **Brentwood Church**, **Boys & Girls Club of America**, **North Forest ISD**, **Houston Independent School District**, **Fonville Middle School**, **Aldine Independent School district**, **Houston Rockets, Jr Rockets** & all its agent, and/or officers, and/or directors, designees or any other person affiliated with or connected to the League ("The League") and its agents and/or officers, directors, employees or the facility ("The Church/school being used in the event of injury or other harm occurring to the above-named player arising out of his or her participation in any League Event(s). The undersigned, further, states that adequate hospital, medical and/or other insurance is available for the treatment of the child in the event of injury, and if medical treatment is needed, required or recommended for the child due to an event or occurrence arising out of any League sponsored activity or event, the undersigned shall be responsible for any and all medical or other costs, and shall, under no event or circumstance hold the League or The Church/School Facility liable in any respect.

Print Name: _____Signature_____Date_____

Website Waiver

Furthermore, I hereby grant full permission for event organizers to record any or all of my child's participation in this event for photos, recordings, videotapes and other media known or unknown, and to use them for publicity, promotions, advertising, trade or commercial purposes, without any remuneration of any kind due me.
Print Name: _____Signature_____Date_____

E-mail – ezdevelopmentpp@yahoo.com Call 281-706-0148 – 832-368-6495 o en español 832-275-8805
Website – www.developmentalprograms.org - *ONLINE REGISTRATION*