WAYNE POLICE ATHLETIC LEAGUE

BOYS BASKETBALL 2018-2019

DEVELOPMENTAL PROGRAMS

DEVELOPMENTAL LEAGUE

Kindergarten \$80

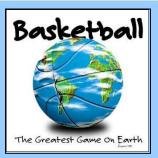
Saturday Mornings @ the Wayne PAL
Beginning December 3rd
Ball Handling, Shooting and
Basics of the game are points of emphasis.

8 ½ Foot Baskets

BIDDY LEAGUE

1st and 2nd Graders \$100

Saturday Mornings & Monday Evenings
@ the Wayne PAL
Beginning December 3rd
Two 1 ½ Hour Sessions per Week
Practice and Play Games
8 ½ Foot Baskets



RECREATIONAL PROGRAMS

Everyone Plays at least ½ of Each Game!
Professional Referees
Reversible Jerseys
Practices Begin Late-November
League Play Begins December 3rd
\$100

JUNIOR LEAGUE — 3RD AND 4TH GRADERS INTERMEDIATE LEAGUE — 5TH AND 6TH GRADERS SENIOR LEAGUE — 7TH AND 8TH GRADERS



This is a non-school sponsored activity

WOLFPACK TRAVELING TEAM TRYOUTS

8th Grade

Sun 10/14 7:00pm-9:00pm Sunday 10/21 3:00pm-5:00pm

7th Grade

Sun 10/14 5:00pm-7:00pm Sun 10/21 1:00pm-3:00pm

6th Grade

Sun 10/14 3:00pm-5:00pm Sat 10/20 9:00am-11:00am

5th Grade

Sun 10/14 1:00pm-3:00pm Sun 10/21 11:00am-1:00pm

Sun 10/14 9:00am-11:00am Sat 10/20 1:00pm-3:00pm

3rd Grade

4th Grade

Sun 10/14 11:00am-1:00pm

Sat 10/20 11:00am-1:00pm

IF YOU WANT TO BE THE BEST

YOU HAVE TO PLAY WITH

THE BEST!



WAYNE POLICE ATHLETIC LEAGUE 1 PAL Wayne, NJ p.973.696.2896 f.973.628.6706

2018-19 Boys Basketball Registration Form

http://www.waynepal.org

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Players Name:					
Address:					
City:	State:		Zip:		
Home Phone:	Parent Email:				
Cell Phone:	Date of Birth:		Age:		
Grade:	School:		Height:		
Parent(s)/Guardian(s) Name(s):					
			ı		
DID YOU PARTICIPATE IN THIS PROGRAM LAST YEAR?		YES		NO	
PARENT WILL VOLUNTEER TO BE:		HEAD COACH		ASSISTANT COACH	
PARENT WILLING TO SPONSOR A TEAM (\$250):		YES		NO	
The above applicant is in good physical	and mental condition an	nd requests enroll	ment in the follo	wing program:	
Boys Developmental League (K) \$80					
Boys Basketball League 1 st - 8 th Grade - \$100					
/We, the parents or guardians of the above named child hereby give my/our approval to his participation in the above checked program. I/We assume all risks and hazards incident to such participation, including transportation to and from various activities. I/We realize there is a risk of injury to children playing/participating in PAL activities/sports, and I/we do nereby release, absolve, indemnify and agree to hold harmless the Wayne Police Athletic League, directors, coaches, officers, trustees, instructors, sponsors, commissioners, participants and persons transporting and/or supervising and/or coaching my/our child.					
PARENT SIGNATURE		_	DATE		

Payment Method			
Cash	Check	Credit Card	
Credit Card:	Card Number:		
MasterCard Visa			
Expiration Date:	Name (as it appears on the card):		
Amount:	Received By:	Date:	