



## Cambridge Recreation Fall BASKETBALL LEAGUES

**Payment**

**Rec'd**

☐ cash  
☐ check # \_\_\_\_\_

### Youth Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Telephone Number

### Please Check Desired League

\_\_\_ "Medina Dixon Instructional Basketball" **Girls ages 8-11**

\_\_\_ "Davonte Neal Instructional League" **Boys ages 8-11**

\_\_\_ "We Got Next Middle School" **Co-ed ages 12-14**

\_\_\_ "We Got Next High School" **Co-ed ages 14-19**

**The registration fee for each player is \$30**

**Please make the check or money order payable to "City of Cambridge"**

**\*Note all registration fees must be paid by second game or player will not be allowed to participate**

### Parent/Guardian Information

\_\_\_\_\_  
Mother/Guardian Name

\_\_\_\_\_  
Father/Guardian Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Mail Address

### First Aid and Emergency Medical Care Consent

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I authorize Cambridge Recreation staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_, and to secure necessary medical treatment for my child.

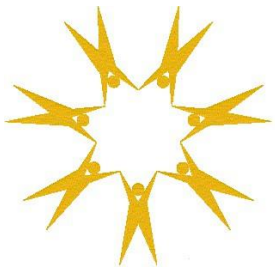
Does your child have any medical conditions the staff should be aware of? **YES/NO If YES, please describe.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Over**



## **Cambridge Recreation Fall Basketball Leagues**

### **"Davonte Neal Instructional League" Boys League ages 8-11**

Saturdays Skills 9:30 – 10:30 Games 10:30-11:15  
Games at **War Memorial** (1640 Cambridge St Door 15)  
Registration Opens September 8th until Full "48 Slots"  
Games Begin September 27<sup>th</sup>- November 22<sup>nd</sup>

### **Medina Dixon Instructional Basketball Girls League" Ages 8-11**

Saturdays Skills 11:30 – 12:30 Games 12:30-1:15  
Games at **War Memorial** (1640 Cambridge St Door 15)  
Registration Opens September 8th until Full "48 Slots"  
Games Begin September 27<sup>th</sup>- November 22<sup>nd</sup>

### **"We Got Next" co-ed 12-14 (grades 6-8)**

Monday and Wednesday 6:00pm – 8:30pm  
Games at **CSUS** (840 Cambridge St)  
Scrimmages on September 8<sup>th</sup> and 10<sup>th</sup>  
**Draft** on September 10<sup>th</sup> "144 Slots"  
Games Begin September 15<sup>th</sup>-October 23<sup>rd</sup>

### **"We Got Next" co-ed 14-19 (grades 9-12)**

Tuesday and Thursday 6:00pm – 8:30pm  
Games at **CSUS** (840 Cambridge St)  
Scrimmages on September 9<sup>th</sup> and 11<sup>th</sup>  
**Draft** on September 11<sup>th</sup> "96 Slots"  
Games Begin September 16<sup>th</sup>-October 23<sup>rd</sup>

### **Applications can be returned to:**

**War Memorial Recreation Center at 1640 Cambridge St Door#15  
(front desk) DHSP at 51 Inman St, 3rd floor (front desk)**

For more information contact Geo Rodriguez at (857) 270-4383 or

[gerodriguez@cambridgema.gov](mailto:gerodriguez@cambridgema.gov)