



**2024 WINTER - MAC - BOYS & GIRLS  
YOUTH BASKETBALL REGISTRATION FORM**

The Boys & Girls league for grades K-2 will be designed as a developmental program and players will play on a modified court with lowered goals. The program will be hosted at Stuart Pepper Middle School, and/or David T. Wilson Elementary. Practice/Game Times will vary. The season will start with a fundamentals and skills assessment clinic. Jerseys and awards are included with registration fees. Fundamentals, skill building, and sportsmanship will be emphasized. *\*Financial Assistance is available for those who qualify.*

[Thank you to BBTEL for Sponsoring our Youth Basketball League.](#)

**Grades K-2 Boys & Girls Co-Ed – LIMITED SPACE**

**Cost: 6 Weeks - \$58.00 (\$49.00 MAC Members)**

**Time: Games between 8:00 a.m. – 12:00 p.m.**

**Location: Stuart Pepper Middle School / David T. Wilson Elementary**

**Evaluation/Skills Clinic: Saturday, January 20**

**Practice/Game Dates: Saturdays, January 27 – February 24 (Will be extended if days are missed for weather)**

**REGISTRATION DEADLINE: 2 Days Prior to Evaluations/Skills Clinic/Draft – IF OPENINGS STILL AVAILABLE**

*Drop off or mail registration form and fee to:  
Meade Activity Center, 493 Lawrence Street, Brandenburg, KY 40108*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Grade: \_\_\_\_\_ Jersey Size – (circle one) Youth: S M L Adult: S M L

Parent’s Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Home/Work Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **I am interested in being a Head coach for my child’s team.**

*In consideration for being permitted to participate with the Meade Activity Center for any purpose including but not limited to utilization and/or observation of its facilities, services, and programs, without respect to location, the undersigned, for himself or herself and any personal representatives, assigns, heirs, and next of kin hereby agrees to release, waive and discharge the MAC, its directors, officers, Board of Directors, employees, and agents from all liability for any loss or damage to personal property, and/or any claims or demands therefor on account of injury or death of the undersigned. The undersigned agrees that the forgoing Release and waiver of Liability is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Kentucky. The Undersigned also acknowledges that he/she has both read and voluntarily signed this Release and Waiver of Liability. I have read the Release.*

\_\_\_\_\_  
Name of Participant (Print)                      Signature                      Parent or Guardian Signature

I give the MAC permission to use my child’s photo in promotional literature: \_\_\_\_\_ Yes      \_\_\_\_\_ No