## **Pacific Basketball League**

## **Youth Basketball Program**

For Boys and Girls in grades 1-6

- 1. The Pacific Basketball League (PBL) is a non-profit organization designed to provide extracurricular basketball activities for Seaside area youth.
- 2. The PBL season begins Monday, Oct 27, 2025, and concludes the week of Dec 6, 2025.
- 3. Athletes are randomly placed on a team and coached by a volunteer parent. Practices will be at either Pacific Ridge Elementary or Sunset Recreation Center one or two afternoons or evenings per week.
- 4. Games will be played at **Sunset Recreation Center** on each consecutive Saturday between Nov 1<sup>st</sup> and Dec 6<sup>th</sup>, 2025. (except Nov 29<sup>th</sup>, Thanksgiving Holiday)
- 5. The PBL is primarily a volunteer organization and needs parent volunteer help during the league season. If your child is to play you must sign up to volunteer when turning in your registration form and fee. Background check required for coach and assistant coach volunteers.
- 6. Scholarships are available through written request. Please email kkjanuik@gmail.com for more information.
- 7. Tournament team information will be available in December. Please ask your coach at that time for more information if you would like your child to continue to play through March.
- 8. Your child's coach will be in contact with you the week of October 17th, 2025.

		please o	detach bottom por	rtion, retain top porti	ion for your rec	ords		
			Player P	ersonal Informa	<u>ation</u>			
Last Name				First Name				
Mailing Address				Email Address				
City		State	Zip	P	Phone	Text Y N		
future play		eds a jersey to p	articipate. Jer			year and can be passed down to other on Saturday mornings before games begin.		
Mother/Gu	ardian	Phone		_				
Father/Gua	rdian	Phone		_				
			Re	gistration Fees				
Per child if	registered by Oct 4th,	2025			\$45			
Families wi	ith 2 or more children	(per child registe	red by Oct 4 <sup>th</sup> ) .		\$40			
Per child if registered after Oct 4th, 2025,					\$65	scan for online registration		
			Volum	teer Informatio	<u>n</u>			
	Yo	ou must check	at least one a	rea in which you	u would be v	villing to help		
1. 2. 3.	Financial Spe	the gyms duri	ng your cĥild's <b>tional \$45</b> mir	practice time nimum donation	5	Asst Coach Timekeeper (During Saturday games No experience is necessary)		
care prescribe necessary to p	medical conditions d by a duly licensed Doctor reserve life, limb or wellbe or demands arising from p	of Medicine for the ing of my dependent	. I agree to hold Th	r, as his/her parent, or l	legal guardian. Th	REATMENT: I hereby give my consent for all medica nis care may be given under whatever condition are agents, board of directors, and volunteers harmless fror		
Date:		Signa	ture of Parent or	Guardian				

Make checks payable to Pacific Basketball League, <u>Mail in registration</u> form and fee to: PBL PO BOX 1015 Seaside OR 97138. For more information call (503)717-4308. **Online registration at seasidebasketballtournaments.com**