



The Buffalo Sports & Wellness Association presents...



# KRONIES JAMFEST

## Buffalo's Premier Basketball League

**Where:**

Knights of Columbus #3076 @ 1530 Kenmore Avenue, Buffalo NY 14216

**When:**

Check healthybuffalo.org for exact start times.

**Skill Levels:**

Competitive, Recreational, Beginner/No Experience

**Team Registration:**

Early Registration: \$250

\*Early registration is \$225 for returning teams. Does not include jerseys.

Late Registration: \$275

\*Late registration is \$250 for returning teams. Does not include jerseys

\*\*Registration includes seven jerseys, additional jerseys are \$15 each.

**How to register:**

**Online:** Register online @ healthybuffalo.org or active.com.

**By Mail:** Make all checks payable to the **BSWA**. Send to: The Buffalo Sports & Wellness Association, 454 Englewood Avenue, Buffalo, NY 14223, c/o Chas Kirsch.

**In Person:** Bring roster sheet and complete league fee to SJP Federal Credit Union, 454 Englewood Avenue, Buffalo, NY 14223 during business hours of 9am-2pm Monday thru Wednesday, 10am-6pm Thursday, or 8am-6:30pm on Friday.

For further details and start times visit [www.healthybuffalo.org](http://www.healthybuffalo.org) or contact Chas via email at chasdk@healthybuffalo.org.

### **ROSTER**

\*\*\*Please return this sheet with league dues and have each player fill out and sign the waiver form to be submitted on or before opening day.\*\*\*

Team Name: \_\_\_\_\_

Captain Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Player 2 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 3 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 4 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 5 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 6 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 7 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 8 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_

Player 9 Name: \_\_\_\_\_ Jersey Size: \_\_\_\_\_



# WAIVER FORM

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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Emergency Contact Information

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### CODE OF CONDUCT

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