



2012

# YOUTH BOYS' BASKETBALL

SIGN UP & MEDICAL RELEASE FOR GRADES K-6

SIGN UP ONLINE @ WWW.GCYBB.COM

**DEADLINE: OCTOBER 1<sup>st</sup>**

(A \$10 Late Fee will be added after October 1<sup>st</sup>)

Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
First Middle Initial Last

Mailing Address: \_\_\_\_\_  
Street City Zip

Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_ Weight: \_\_\_\_

Parents: \_\_\_\_\_  
Mother's Name Work or Mobile Phone# Father's Name Work or Mobile Phone#

**Shirt Size (circle one):** YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL

Email Address(es): (1) \_\_\_\_\_

Please Print Clearly! (2) \_\_\_\_\_

Medical Conditions of Note: \_\_\_\_\_

**\$50 ENTRY FEE (\$60 if after 10/1) INCLUDES THE FOLLOWING**  
(\$45 per player for families of 2+ players)

<ul style="list-style-type: none"> <li>• FREE ADMISSION TO ALL HIGH SCHOOL BASKETBALL GAMES (\$100 value)</li> <li>• COUGAR BASKETBALL</li> <li>• COUGAR SHIRT</li> <li>• WEEKLY TEAM PRACTICE</li> <li>• INTRODUCED AT HIGH SCHOOL GAME</li> </ul>	<ul style="list-style-type: none"> <li>• 12 GAMES* (Nov. 3, 10, 17, Dec 1, 8, 15) (Dbl. Header)</li> <li>• TEAM SHIRT</li> <li>• PARTICIPATION MEDAL</li> <li>• INTERACT WITH VARSITY PROGRAM</li> <li>• League runs October thru December</li> </ul>
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\_\_\_\_\_ YES, I want to include a Cougar Patron Ad in the G-C High School Cougar Basketball program.  
Your patron ad (name or business) will appear in the high school basketball programs throughout the season.  
The cost of the Cougar Patron Ad is \$10. (Include \$10 below)

NAME(S) YOU WANT PRINTED IN PROGRAM: \_\_\_\_\_  
*Please include \$10 in amount paid if you chose to have a Cougar Patron Ad!*

League Fee: \$50 Patron Ad: \$10 Donation to High School Scholarship Fund: \$1 \$5 \$10

Amount Paid: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Cash \_\_\_\_\_

**Please return registration form and check to your school office.**  
Any questions, contact GCYBB at groland@gcybb.com or Greg Roland at 317-538-3842

WWW.GCYBB.COM

Please make checks payable to: GCYBB

## Player Information Publication Consent

\_\_\_\_\_ **YES**, I give consent for the registrant's information to be published in, but not limited to, athletic programs, newspaper releases and newsletters. Students' pictures may also be used to show sports activities on a website or media publication, but students would not be directly identified by name without prior written consent. No student identifiable information will be used on a website without parental consent.

\_\_\_\_\_ **NO**, I do not give consent for the registrant's information to be published in anyway.

## Consent for Medical Treatment

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Parent or Legal Guardian:

Printed name: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Waiver of Liability

In consideration of the athletic opportunities provided by the GCYBB program, I do hereby release or otherwise indemnify the GCYBB program, its affiliated organizations, all sponsors whether of the GCYBB program or Affiliated organizations, their employees, volunteers and associated personnel, including the owners of the facilities utilized for the GCYBB program, against any and all claims by or on behalf of the registrant, his estate or any other party claiming on his behalf as a result of the registrant's participation in the GCYBB program and/or being transported to and from such programs or related activities. The undersigned, as parent or legal guardian, acknowledges that in any athletic endeavor there is significant risk of injury including the possibility of permanent disability and even death. I have read this release and assumptions of risk agreement, fully understand its terms, and sign it freely and voluntarily without any inducement.

I, the undersigned as parent or legal guardian of the registrant, do hereby give my consent to the registrant's participation in programs and activities of the GCYBB program.

Parent or Legal Guardian:

Printed name: \_\_\_\_\_

Signature Date: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Coaching Interest

\_\_\_\_\_ I am interested in being a head coach

\_\_\_\_\_ I am interested in being an assistant coach

**\*NO GAMES OR PRACTICES THANKSGIVING WEEK (November 19<sup>TH</sup>-24<sup>TH</sup>)**

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