**2023--2024**

**Bald eagle Area Girls Basketball**

**Grades 3rd-6th**

Basketball season is finally here!! Girls in **grades 3rd thru 6th** that would like to participate this winter should have their parent/guardian fill out the attached registration form and bring it to our open gym on **Sunday, November 12th 5:00-6:15pm**. Come ready to practice and have some fun. The 3 objectives of our program will be the following:

1. To have FUN!!
2. Teach the basic skills needed to play the game of basketball.
3. Learn to be a good teammate.

You can register your daughter in the following ways:

1. Email: Mike Habovick at [dmh51@psu.edu](file:///C:\Users\dbougher\Downloads\dmh51@psu.edu)
2. Attend open gym on Sunday, November 12th from 5:00-6:15pm in High School Gym. Come prepared to practice!!!

Registration fees are $50.00 for the first child and $25 for each additional. Checks should be made payable to: **B.E.A. Girls Basketball Boosters.** A waiver and registration form must be completed for all participants.

If you have any questions, please contact:

Mike Habovick Duane Bougher

[dmh51@psu.edu](mailto:dmh51@psu.edu) [boughdt2@gmail.com](mailto:boughdt2@gmail.com)

724-875-0539 724-388-4349

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**BALD EAGLE AREA GIRLS BASKETBALL**

**REGISTRATION FORM**

Student Name School

Grade Shirt Size (please circle size) YM YL AS AM AL

Jersey # preference (1) \_\_\_\_\_ (2) \_\_\_\_\_

Parent(s) Name Home Phone \_\_

E-mail Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information

Does your child have any medical conditions that we should know about? If yes please explain below:

Volunteer Information

If you are interested in volunteering with our program please mark below all positions you would assist us with. We will go through all information and then contact you if we can use your services.

Name Phone #

\_\_\_\_ coach \_\_\_\_\_ referee \_\_\_\_\_scorer/clock operator

**Please complete the other side of this form**

**Bald Eagle Area School District**

**WAIVER FORM**

This is to certify that my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a student at

the BALD EAGLE AREA SCHOOL DISTRICT, who is participating in the

**Girls Elementary Basketball** program at the school, is covered with medical insurance

under my personal policy at my place of employment.

Therefore, I request that he/she be excused from the requirement of the school district carrying

school insurance as a condition of participating in the **Girls Elementary Basketball**.

I hereby waive any claim against the school district from failure of the school district to cover

him/her with such medical insurance, and assume all liability therefore. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parents Signature)

**CERTIFICATE**

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of

*(Student’s Name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is covered with medical insurance for the period

*(Parents/Guardians Name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Insurance Company)*

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

*(Employer)*

**\*\*\*\*If you do not currently have medical insurance for your child, please sign the line below.**