

# 2016 Marcellus Youth Girls Basketball Registration

## Who:

3<sup>rd</sup> through 6<sup>th</sup> grade girls

## Registration dates:

Wednesday, August 31, 4:30-6:00 pm Elementary Open House

Saturday, September 3<sup>rd</sup>, 12:00-2pm Marcellus Township Library

Saturday, September 10<sup>th</sup>, 12:00-2pm Marcellus Township Library

## Fees:

\$25 Registration/Jersey Fee

\*\*If you have your jersey from last year ONLY, registration is only \$15\*\*

## Practices:

- Practices will be 1-2 nights per week beginning in October.
- Practices will be held at the Elementary or Old Middle School Gym.
- Practice times will vary
- You will be contacted with practice days/times

## League Games:

- October 15 – November 19, on Saturdays
- Games will be held at surrounding schools (Decatur, Gobles, Hartford, Lawton, Paw Paw). In addition we will be hosting two Saturday games this year.
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The focus of youth basketball is to give girls the opportunity to improve their basketball skills. The fundamentals of offense and defense will be concentrated on to assist players in preparing to play as a team in league competition.

## Coaches Needed:

- You will be required to attend a coaches meeting

If you have questions, contact Chrissy VanTilburg at:

269-760-8073

[clvantilburg@ppps.org](mailto:clvantilburg@ppps.org)

# 2016 Marcellus Youth Girls Basketball Registration Form

Paid: Cash \_\_\_\_\_  
Check # \_\_\_\_\_

Thoroughly and Legibly Complete Information Below

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Email: \_\_\_\_\_

Has your child participated in organized League Basketball before? Yes or No

Fees:	Jersey Size	
	Youth	Adult
_____ Registration + Jersey(\$25)	_____ S	_____ S
_____ Registration only (\$15)	_____ M	_____ M
	_____ L	_____ L
_____ Total	_____ XL	_____ XL

(Make Checks Payable To: Marcellus Community Schools)

\_\_\_\_\_ If you already have a Marcellus Youth Basketball jersey that you will be using, please list the number here.

*The Marcellus Schools and Youth Basketball coaching staff & personnel will not be liable for lost and/or stolen items. Label all personal equipment and items.*

Marcellus Youth Basketball relies on volunteers to make the program a success. The help of all parents/guardians is necessary. Please note areas in which you are able to support Youth Basketball.

I am able to support Youth Basketball by: (check all that apply)

\_\_\_\_\_ Coaching \_\_\_\_\_ Assistant Coaching

\_\_\_\_\_ Working Concessions (Please circle a date if you are able to help.)  
October 15<sup>th</sup> or November 12<sup>th</sup>

**Hold Harmless Agreement:** I am authorizing my child to participate in this program. I understand the risk and dangers associated with basketball. Therefore, I hold the Marcellus Community Schools and Youth Basketball coaching staff and personnel harmless for any injury my child may obtain during participation of this program.

Authorized Parent or Guardian Signature: \_\_\_\_\_

(over)

# 2016 Marcellus Youth Girls Basketball

## Emergency Medical Information

Child's Name: \_\_\_\_\_

### Emergency Contact Numbers:

Parent #1: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell : \_\_\_\_\_

Parent #2: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### *Other Authorized Contact:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Specific medical conditions, medication child takes regularly or special care instructions that coaching staff should be aware of: (Heart Problems, Asthma, Hearing or Vision Impaired, Diabetic, etc.)**

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### Medical Insurance Information:

Medical Insurance Company Child is Covered By: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

Employer Group Insurance is Issued Under: \_\_\_\_\_

### Medical Treatment Consent:

*I recognize that as a result of participation in Youth Basketball medical treatment on an emergency basis may be necessary, and further recognize that Youth Basketball personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.*

\*\*\*\*I acknowledge receipt of concussion awareness education material (New Law 2013)\*\*\*\*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_