

# Southeast Guilford Community Center (SGCC) Basketball Program

## REGISTRATION FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Email(s): \_\_\_\_\_

(Circle BEST phone number to use) Cell/Home Phone: \_\_\_\_\_

Player shirt size: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Seasons of Basketball played: \_\_\_\_\_

I would like to volunteer as (please check):

Head Coach (shirt size: \_\_\_\_\_)      Assistant Coach (shirt size: \_\_\_\_\_)      Referee (shirt size: \_\_\_\_\_)

My child has medical/behavioral issues that their coach should be aware of. Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Asthma, epilepsy, ADHD, diabetes, etc.) If yes, please explain:

\_\_\_\_\_

**Fees to accompany form:**

<b>Elementary &amp; Middle School Grades</b>	<b>\$45,-</b>	
<b>High School Grades</b>	<b>\$45,- (Full Teams)</b>	<b>\$35,- (Pool Play)</b>

INSURANCE WAIVER

I have insurance that covers my child to participate in the SGCC Basketball League program:

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

If I do not have insurance for my child, nor do I wish to obtain insurance for my child, I know that it will be my full responsibility for any medical expenses incurred.

**PARENTAL CONSENT AND WAIVER OF LIABILITY**

I consent to, and give permission for, my child to participate in the SGCC Youth Basketball Program. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the SGCC Basketball Program, its representatives, employees, Managers, team coaches, School District and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. **I consent (yes \_\_\_ or no \_\_\_)** to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care. I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the SGCC Basketball Program.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

"The following materials/statements/programs are not endorsed by GCS nor do they represent the district's position or policy"

**FOR OFFICE USE ONLY:**

<b>Name:</b>					
<b>Age:</b>					
<b>Sex:</b>	Male		Female		
<b>Grade Group:</b>	Elementary 2/3	Elementary 4/5	Middle	High	Post High
<b>Assessment:</b>					
<b>Team Assigned:</b>					
<b>Paid:</b>					
<b>Siblings/Other considerations</b>					

"The following materials/statements/programs are not endorsed by GCS nor do they represent the district's position or policy"