



GC LITTLE COUGAR BOYS' BASKETBALL

SIGN UP & MEDICAL RELEASE FOR GRADES K-6

SIGN UP ONLINE @ gcybb.siplay.com

DEADLINE: SEPTEMBER 28TH

(A \$10 Late Fee will be added after September 28th)

(PLEASE REGISTER BY DEADLINE SO WE CAN ORGANIZE TEAMS PRIOR TO FALL BREAK)

Participant Name: _____ Grade: _____
First Middle Initial Last

Mailing Address: _____
Street City Zip

Phone Number: _____ Date of Birth: ____/____/____ Height: ____ Weight: ____

Parents: _____
Mother's Name Mobile Phone# or contact # Father's Name Mobile Phone# or contact #

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

(Please double check shirt size: Shirt size ordered will be ordered for player)

Email Address(es): (1) _____

Please Print Clearly! (2) _____

Medical Conditions of Note: _____

ALL OF THIS FOR AN INCREDIBLE \$70 ENTRY FEE (\$80 if after 9/28)

INCLUDES THE FOLLOWING

(\$50 per player for families of 2+ players)

****NO GAMES OR PRACTICES THANKSGIVING WEEK (November 19TH-24TH)***

<ul style="list-style-type: none"> • FREE ADMISSION TO ALL HIGH SCHOOL BOYS & GIRLS BASKETBALL GAMES (\$100+value) • NO FAN ADMISSION TO LCL GAMES! (New) • COUGAR BASKETBALL TO PRACTICE/PLAY • WEEKLY TEAM PRACTICE • INTRODUCED AT HIGH SCHOOL GAME • 	<ul style="list-style-type: none"> • 12 GAMES* (Nov 3 ,10, 17, Dec 1, 8, 15) (Dbl. Header) • TEAM SHIRT • INTERACT WITH VARSITY PROGRAM • LEAGUE RUNS FROM OCT.- DEC. • ALL STAR GAME POSSIBILITIES • PICTURES, SOCIAL MEDIA, ETC.
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LEAGUE FEE: \$70 INCLUDES ALL OF ABOVE & FREE ADMISSION

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Any questions, contact Dave Nickel at davidnickel8898@gmail.com or
Josh Johnson at joshjohnson@gcsc.k12.in.us

COACHING INTEREST
THIS LEAGUE IS ONLY POSSIBLE WITH VOLUNTEERS.
PLEASE CONSIDER HELPING OUT

(Volunteer Coaches are needed. Please consider. A Coaches Guide is given to all coaches to help with practice drills and rules)

_____ I am interested in being a head coach

_____ I am interested in being an assistant coach

Would like more information on joining the GCYBB Board.
WE ARE IN NEED OF INDIVIDUALS TO BEGIN JOINING THE GCYBB BOARD IN ORDER TO KEEP THE GCYBB AS ONE OF THE TOP YOUTH BASKETBALL ORGANIZATIONS IN THE STATE.

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: ____/____/____

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: ____/____/____

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Josh Johnson at joshjohnson@gcsc.k12.in.us