



2017- 6TH GRADE BOYS ELEMENTARY RECREATION BASKETBALL

(November 18 – December 16, 2017)

PROGRAM INFORMATION and REGISTRATION FORM

PROGRAM OBJECTIVES: To provide area 6th Grade Boys with an organized basketball league under the supervision and guidance of parent/adult volunteers stressing skill building, teamwork, sportsmanship & fun!

WHO MAY SIGN-UP: Any 6th Grade Boy in the Escanaba, Gladstone, Rapid River, Holy Name, or Bark River school system.

LENGTH OF SEASON: Regular league games will begin on Saturday, November 18th and will be held most Saturdays through December 16th

PRACTICE SCHEDULE: Practices may be scheduled at the discretion of the coach at each team's school gymnasium.

LOCATION OF GAME PLAY: All regular league games will be held at the Civic Center, 225 North 21st Street.

TIME OF PLAY: Regular Saturday league games at the Civic Center will be held between 8:00 a.m. to approximately 1:00 p.m. Coaches/players will receive schedules prior to the first regular game.

REGISTRATION DEADLINE: Return the attached registration form to the Principal's Office by **Friday, October 27, 2017**. Schedules will be delivered to each school Principal's Office to be distributed in class.

BASKETBALL ASSESSMENTS: In order to make the Escanaba teams more balanced, there will be a player assessment day at the Civic Center gymnasium on **Monday, October 30th from 4:00 p.m. to 5:00 p.m.** Every player who registers to participate from the Escanaba Upper Elementary School will be evaluated on their skills and talent to even out the number of players on each team. All students registered will be assigned a team – no one gets turned away.

VOLUNTEER COACHES: Each team must have at least one adult volunteer coach. Mandatory volunteer coaches meeting to be held: **Monday, October 30th at 5:00 p.m. at the Civic Center** and all teams must be represented.

PLEASE, return form to your Principal's Office no later than Friday, October 27, 2017.

KEEP THIS SHEET FOR YOUR INFORMATION

2017 6th GRADE BOYS BASKETBALL REGISTRATION FORM

Parents: Please complete, sign and return this form to the Principal's Office
of your child's elementary school **by Friday, October 27, 2017.**

NAME OF PLAYER: _____
Please Print

SCHOOL: _____ GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

AGE: _____ DATE OF BIRTH: _____ PHONE #: _____

ELEMENTARY SCHOOL ATTENDED: _____

PARENT ABLE TO VOLUNTEER AS A COACH OR ASSISTANT COACH: Yes or No

EMERGENCY INFORMATION: Where parents can be reached in case of an emergency:

Work Phone: _____ Other: _____

Is there any personal/medical information which should be brought to the coach's attention?

ACCIDENT WAIVER AND RELEASE OF LIABILITY FOR SPORTING EVENT PARENT-GUARDIAN WAIVER FOR MINOR

THE UNDERSIGNED PARENT AND NATURAL GUARDIAN OR LEGAL GUARDIAN, DOES HEREBY REPRESENT THAT HE/SHE IS, IN FACT, ACTING IN SUCH CAPACITY, AND AGREES TO THE FULLEST EXTENT PERMITTED BY LAW TO SAVE, HOLD HARMLESS AND INDEMNIFY THE CITY OF ESCANABA, THEIR ELECTED AND APPOINTED OFFICIALS, EMPLOYEES AND VOLUNTEERS, FROM ANY AND ALL LIABILITY, LOSS, COST, CLAIM, OR DAMAGE WHATSOEVER, INCLUDING BODILY INJURY OR DEATH, WHICH MAY BE IMPOSED UPON OR INCURRED BY THE CITY OF ESCANABA BECAUSE OF THE PARTICIPATION OF THE MINOR IN THIS EVENT. BY SIGNING BELOW, YOU ALSO AGREE TO RELEASE SAID PARTIES IN THIS REGARD ON BEHALF OF BOTH THE MINOR AND THE PARENTS OR LEGAL GUARDIAN.

Minor: _____ Age: _____

Parent or Legal Guardian: _____

Signature: _____ Dated: _____

Event: 6TH Grade Boys Basketball

Please complete Consent to Medical Treatment of Minor on reverse side of this form.

**RETURN THIS FORM TO YOUR SCHOOL PRINCIPAL'S OFFICE
BY FRIDAY, October 27, 2017**

CONSENT TO MEDICAL TREATMENT OF MINOR

If the applicant is under 18 years of age, the parents or guardians must execute this document.

I hereby authorize any duly authorized doctor, emergency medical technician, paramedic, nurse, hospital, or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by, or illness of, said minor while he/she is/was a participant or observer at the event named below.

I authorize any licensed physician to perform any procedure, which he/she deems advisable in attempting to treat or relieve any injuries to, or illness of, said minor that he/she may encounter during any necessary operation.

I consent to the administration of anesthesia to said minor as deemed advisable by any licensed physician.

The undersigned parent or natural guardian or legal guardian of said minor does hereby represent that he/she is, in fact, in such capacity and to the extent permitted by law agrees on his/her behalf, of that of the minor, to save, hold harmless and indemnify the City of Escanaba, its elected and appointed officials, employees and volunteers, from any and all liability, loss, cost, claim, or damage whatsoever that may be imposed upon or incurred by said parties because of the participation of the minor in the event shown, and does release said parties on behalf of both the parents or legal guardian.

Event: 6th Grade Boys Basketball

Name of
Minor: _____

Names of Parents or
Guardian: _____

Address: _____

City/State: _____

Phone: _____

Parent or Guardian's
Signature: _____

Date: _____