



2019 - 5TH GRADE BOYS ELEMENTARY RECREATION BASKETBALL

(January 12 – February 16, 2019)

PROGRAM INFORMATION and REGISTRATION FORM

PROGRAM OBJECTIVES: To provide area 5th Grade Boys with an organized basketball league stressing skill building, teamwork, sportsmanship & fun! There will be three weeks of clinics and three weeks of games.

WHO MAY SIGN-UP: Any 5th Grade Boy in the Escanaba, Gladstone, Holy Name, Rapid River, or Bark River school system.

LENGTH OF SEASON: Three weeks of clinics and three weeks of games. All clinics and games to take place on Saturdays.

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

TIME OF PLAY: Clinics are the first three weeks from 8:30 – 11:30 a.m. with coach instruction from 9:00 – 11:00 a.m. Games will be held on Saturdays for the remaining three weeks and times will differ depending on number of players.

REGISTRATION DEADLINE: Return the attached registration form to the Principal's Office by Monday, January 7th

***Please note that the format
of the program has
changed. There will be
three weeks of clinics and
three weeks of games.***

KEEP THIS SHEET FOR YOUR INFORMATION

2019 5th 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 Monday, January 7, 2019.**

NAME OF PLAYER: _____
Please Print

SCHOOL: _____ GRADE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

ELEMENTARY SCHOOL ATTENDED: _____

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: 5TH 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 Monday, January 7, 2019

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: 5th Grade Boys Basketball

Name of
Minor: _____

Names of Parents or
Guardian: _____

Address: _____

City/State: _____

Phone: _____

Parent or Guardian's
Signature: _____

Date: _____