DCC BASKETBALL 2012-13

***** Registration Deadlines: Sept. 28 for 4-8 Traveling Girls; Oct. 5 for 4-8 Traveling Boys; Nov. 2 Grades K-3***

Please Circle One:

Deerfield Elementary School Intramural League- $50 Due Nov. 2, 2012

Coed K-1st Gr. Coed 2nd & 3rd Gr Girls 2nd & 3rd Gr.

Eastern Suburban Youth Girls and Boys League-$75

Traveling Boys 4th-8th Grade (limited to first ten per grade level!!) Due Oct. 5, 2012

Traveling Girls 4th-8th Grade (limited to first ten per grade level!!) Due Sept. 28, 2012

Player's Name _____Grade ___ Age___

Gender____Birthdate_____Jersey size (DCC owned jerseys) YM YL YXL AS AM AL AXL

Skill Level *(Please Circle One)*: **Advanced / Intermediate / Beginner**

(This will help us create well balanced teams.)

$50.00-Intramural League; **$75**-Boys/Girls Traveling

($10.00 late fee applied after deadline)

Address_____

Medical Information_____

Parent/Guardian's Name_____Home Phone_____

Cell Phone _____E-mail_____

Volunteers needed (please circle one):

Coaching Asst. Coaching Referee Concession (Traveling teams only) Open Gym Supervisor

Volunteer's name: _____

Please read and sign the following**I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Deerfield Community Center (the "DCC") and DCC's sports policy, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with youth programs (the "Programs") and in consideration for the DCC accepting the registrant for its Programs and activities, I hereby release, discharge and/or otherwise indemnify the DCC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.**

_____ _____ _____

Printed Name of Parent/Legal Guardian **Signature** **Date**

DEERFIELD COMMUNITY CENTER OFFICIAL USE ONLY

Registration fees:

Player's fee: ---------- $ _____ Program _____

Other: ---------- $ _____ Waiver signed and dated _____ Added to database _____