



# DCC YOUTH BASKETBALL

## 2019-20



**\*\* Registration Deadline Monday November 4<sup>th</sup> for Grades 4K-3<sup>rd</sup> grade**

**Please Check One (\$10 late fee after Deadline):**

- Girls 2<sup>nd</sup> and 3<sup>rd</sup> grade team - \$55 **Due Nov. 4, 2019**
- Coed 2<sup>nd</sup> and 3<sup>rd</sup> grade team - \$55 **Due Nov. 4, 2019**
- Coed K- 1<sup>st</sup> grade instructional - \$40 **Due Nov. 4, 2019**
- Coed 4K – instructional - \$40 **Due Nov. 4, 2019**

Player's Name \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ Gender \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

Skill Level *(Please Circle One)*:    **Advanced / Intermediate / Beginner**  
*(This will help us create well balanced teams.)*

Medical Information (Allergies, Asthma, etc.) \_\_\_\_\_

Parent/Guardian's Name #1 \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian's Name #2 \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteers needed (please circle how you can help):**

Coaching    Asst. Coaching    Referee    Open Gym Supervisor

Volunteer's name: \_\_\_\_\_

**RETURN FORM TO THE DCC LOCATED AT 10 LIBERTY ST. PO BOX 404 DEERFIELD WI 53531 – WE  
 HAVE A DROP BOX OUTSIDE BY THE DOOR CLOSEST TO FORWARD PHARMACY. 764-5935 ex 1**

**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
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**Youth Participant Under 19: Concussion Participation Requirements**

**As the Parent/Guardian of a youth participant, I agree that by signing this form that I have read the Concussion Information Sheet available at [www.DCCcenter.org](http://www.DCCcenter.org) In addition, I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my child's coach for my player to return to play.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_