

## DCC BASKETBALL 2019-20



<u>\*\* Registration Deadlines: Sept. 13 for 4<sup>th</sup> thru 8<sup>th</sup> grade traveling Girls; Oct. 4 for 4-7th grade traveling Boys and Nov. 1 for Grades 4K-3<sup>rd</sup> grade</u>

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

- Traveling Girls 4th- 8th Grade (limited space!!) \$75 Due Sept. 13, 2019Traveling Boys 4th- 7th Grade (limited space!!) \$75 Due Oct. 9, 2019Traveling Boys 8th Grade (limited space!) \$100 Due Sept. 13, 2019Girls 2nd and 3rd grade team \$55 Due Nov. 1, 2019
- Coed 2<sup>nd</sup> and 3<sup>rd</sup> grade team \$55 **Due Nov. 1, 2019**
- Coed K- 1<sup>st</sup> grade team \$40 **<u>Due Nov. 1, 2019</u>**
- Coed 4K instructional \$40 **Due Nov. 1, 2019**

, , , ,	or XL Adult $-$ S, M, L, or XL
	8
Cell:	Email:
Cell:	Email:
veling teams only)	Open Gym Supervisor
S	

<u>Please read and sign the following-</u>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

Youth Participant Under 19: Concussion Participation Requirements

<u>As</u> 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.DCCenter.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