

Dorchester County Youth Basketball League

Registration Form – 2017

All Participants Must Register Every Year

Ages 8 – 14 as of November 1, 2017 (up to 8th grade only)

Must have a copy of birth certificate

REVERSE MUST BE SIGNED

PLEASE PRINT

Team if played last year _____

Child's Name _____ Date of Birth _____

Parent/Guardian Name _____ Phone _____

Address/State/Zip _____

School _____ Grade _____

I AM WILLING TO HELP WITH THE FOLLOWING:

Coaching _____

Officiating _____

Sponsoring _____

Please Circle Age Division

AS OF NOVEMBER 1, 2017

JUNIOR DIVISION

Ages 8 – 11

SENIOR DIVISION

Ages 12 – 14

REGISTRATION FEE IS \$25.00 PER CHILD

FAMILY FEE (2 OR MORE CHILDREN) \$50.00

**CHECKS OR MONEY ORDERS – MADE PAYABLE TO DORCHESTER COUNTY YOUTH
BASKETBALL LEAGUE**

This is strictly a recreational league. In this league a player may not participate with any E's until grades are brought up to standards. Grades will be checked on a weekly schedule. You must return this form to Dorchester County Recreation and Parks Board, 446 Willis Street - Cambridge, Md. 21613. All registrations are due by November 1, 2017. If you have any questions, you may call Dorchester County Recreation and Parks office at 410-228-5578.

DORCHESTER COUNTY YOUTH BASKETBALL LEAGUE

I/WE, THE PARENTS (S), GUARDIAN (S) OR OTHER LEGAL CUSTODIAN (S) OF THE MINOR CHILD WHO IS A CANDIDATE FOR A POSITION ON A DORCHESTER COUNTY YOUTH BASKETBALL LEAGUE TEAM HEREBY CONSENT AND APPROVE THE PARTICIPATION OF SAID CHILD IN ANY AND ALL LEAGUE ACTIVITIES DURING BOTH THE CURRENT SEASON AND ANY POST SEASON OR EXTRA SEASON PALY, AND ALL ACTIVITIES INSUCCEEDING YEARS UNTIL THIS RELEASE IS REVOKED BY ME/US IN WRITING. I/WE ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE ACTIVITIES, AND HEREBY WAIVE, RELEASE, ABSOLVE AND AGREE TO HOLD HARMLESS THE DORCHESTER COUNTY RECREATION AND PARKS BOARD MEMBERS AND STAFF, DORCHESTER COUNTY COMMISSIONERS, ORGANIZERS, SPONSORS, SUPERVISORS, OFFICERS AND DIRECTORS OF THE LEAGUE, COACHES REFEREES, FIELD AND FACILITY OWNERS, OTHER GAME OFFICIALS AND PARTICIPANTS, AS WELL AS PERSONS TRANSPORTING SAID CHILD.

I/WE UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE PARENTS OF THE PLAYERS TO MAKE CERTAIN THAT THEIR CHILDREN ARE IN SOUND PHYSICAL CONDITION BEFORE AND DURING THE TIME THEY ENGAGE IN LEAGUE PRACTICE AND PLAY. I/WE UNDERSTAND THAT THE LEAGUE RECOMMENDS THAT ALL CHILDREN WHO PARTICIPATE IN ANY LEAGUE ACTIVITY BE EXAMINED BY THERE ARE NO PHYSICAL OR MENTAL DISABILITIES WHICH WOULD IN ANY WAY IMPAR MY/OUR CHILD'S ABILITY TO FULLY PARTICIPATE IN ANY LEAGUE ACTIVITY, PRACTICE OR GAME.

I/WE HEREBY CONSENT AND AGREE THAT IN THE EVENT WE ARE NOT PRESENT, ANY COACH, REFEREE OUR OTHER GAME OFFICIAL, OR ANY OFFICER OUR DIRECTOR OR THE LEAGUE MAY CONSENT TO EMERGENCY MEDICAL TREATMENT OF MY/OUR CHILD WHICH MAY BE PROVIDED BY ANY LICENSED PHYSICIAN AND/OR ANY HOSPITAL ON MY/OUR BEHALF. A PERSON SO CONSENTING IS HEREBY RELEASED FROM ANY LIABILITY WHATSOEVER WHICH MAY OTHERWISE ARISE AS A RESULT OF CONSENTING TO SUCH TREATMENT. ANY HOSPITAL AND/OR PHYSICIAN MAY RELY UPON SUCH CONSENT TO THE SAME EXTENT AS IF ME/US AND SUCH CONSENT REMAINS IN FORCE UNTIL PERSONALLY REVOKED BY ME/US GAVE IT. A PHOTOCOPY OF THIS DOCUMENT SHALL BE ACCEPTED AND HAVE THE SAME FORCE AND EFFICT AS AN ORIGINAL.

I/WE UNDERSTAND THAT MY/OUR SIGNATURE (S) CONSTITUTES MY/OUR AGREEMENT AND CONSENT TO ALLOF THE ABOVE. IT FURTHER CONSTITUTES MY/OUR ACKNOLEDGMENT THAT I/WE HAVE READ AND UNDERSTAND ALL OF THE ABOVE AS WELL AS RECEIPT OF NOTICE AND MY/OUR RIGHT TO SEEK LEGAL COUNSEL WITH RESPECT TO ANYTHING CONTAINED HEREIN.

PLAYER'S NAME

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE