



DCC BASKETBALL 2015-16



**** Registration Deadlines: Sept. 11 for 4-8 Traveling Girls; Oct. 2 for 4-8 Traveling Boys, Nov. 6 Grades 4K-3**

Please Circle One:

Deerfield Elementary School Intramural League- \$50 Due Nov. 6, 2015

Coed 4K (\$35) 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 space!!) Due Oct. 2, 2015

Traveling Girls 4th-8th Grade (limited space!!) Due Sept. 11, 2015

Player's Name _____ Grade ____ Age ____

Gender ____ Birthdate _____ Jersey size (DCC owned jerseys) YS 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 followingI, 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

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.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