



DCC BASKETBALL 2017-18

Registration Deadlines: Sept. 15 for 4th thru 8th grade traveling Girls;

Oct. 6 for 4-8th grade traveling Boys ;

Nov. 4 for Grades 4K-3rd grade



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

- Traveling **Girls** 4th-8th Grade (limited space!!) **Due Sept. 15, 2017 - \$75**
- Traveling **Boys** 4th-8th Grade (limited space!!) **Due Oct.6, 2017 - \$75**
- Coed 2nd and 3rd grade team - \$50 **Due Nov. 3rd, 2017**
- Girls 2nd and 3rd grade team - \$50 **Due Nov. 3rd, 2017**
- Girls 2nd and 3rd play both coed and girls team for just -\$60 **Due Nov. 3rd, 2017-**
- Coed K- 1st grade team - \$35 **Due Dec 1st, 2017**
- Coed 4K – instructional - \$35 **Due Dec 1st, 2017**

Player's Name _____ Grade ____ Gender _____ Birthdate: __/__/____

Shirt/ Jersey size (DCC owned jerseys for traveling ball) Youth S, M, L, or XL Adult – S, M, L, or XL

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

(This will help us create well balanced teams.)

Medical Information you would like coach to know? _____

Parent/Guardian's Name 1: _____ Phone _____ E-mail _____

Parent/Guardian's Name 2: _____ Phone _____ E-mail _____

Volunteers needed (**please circle one in interested**): Coaching / Asst. Coaching / Communications for team

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

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 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