

## Weaver Girls Basketball Registration Form - 2014/2015 Season

Player Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Elementary School Boundary: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attended: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Is this candidate covered by health insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Any pre-existing medical conditions the coach needs to be aware of? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Are you willing to volunteer? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, what capacity? (Please check all that apply)

Head Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_ Score/Book Keeper \_\_\_\_\_

Please list relevant coaching experience: \_\_\_\_\_

Does your daughter have a preference in Jersey Number? (Note we cannot guarantee numbers but will do our best to accommodate)

Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_ Choice #3 \_\_\_\_\_

**Jersey Size:** (Note – We will have jerseys on-hand at the assessments. After assessments, all size requests are final and any changes will need to be done by you at an additional cost.)

Shirt:

YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

Shorts:

YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

**Cost:**

Instructional League – \$105

- Practice and games on Saturday, schedule TBA

Minors / Intermediate / Juniors / Seniors – \$150

- Practice 2X/week. Games on Friday, Saturday, and/or Sunday (Afternoons only on Sunday). 12-game season. Schedule TBA
- Assessments and practices likely will begin the week of November 10<sup>th</sup> – more information to come soon

**Birth Certificates**

- Even if your daughter has played for Weaver previously, please provide a copy of their birth certificate prior to November 10<sup>th</sup>

## CGBL Participation Permission Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age as of December 31<sup>st</sup> \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Elementary School District: \_\_\_\_\_

Circle one if applicable: I currently play (Middle School / High School / AAU / YBOA) Basketball

**CONSENT:** I/We, the parent(s) or legal guardian(s) of the above named child do hereby give approval to her participation in any and all league activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities; I/We do hereby waive, release, absolve, indemnity, and agree to hold harmless the Chesterfield Girls Basketball League, Inc., organizers, sponsors, supervisors, participants, and persons transporting my/our daughter(s) to and from activities for any claim arising out of any injury to my/our daughter(s), whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We will also furnish a copy of the birth certificate for the above named child on or before the day of the first practice session.

**PLEDGE:** I/We as parent(s) or legal guardian(s) will abide and support all rules, guidelines, and standards as set forth by the Chesterfield Girls Basketball League Inc., and Chesterfield County. I/We understand that any violation committed by me/us will result in my/our suspension and preclude me/us from attending future league games/functions.

Parent/Guardian printed name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### Player Release Form

The above is released from \_\_\_\_\_ Athletic Association to play as a free agent for \_\_\_\_\_ Athletic Association in the Minor / Intermediate / Junior / Senior Division, during the current year.

NOTE: Middle School / AAU / YBOA players will not be released, unless the home Association does not field a team in that respective division.

Released By (Voting Rep/Assoc. President): \_\_\_\_\_ Date: \_\_\_\_\_

### League Use Only

Approved by (Div. Comm): \_\_\_\_\_ Date: \_\_\_\_\_