

# Maroa-Forsyth Youth Sports Association

## 4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> Grade Boys Basketball

Please return to Maroa-Forsyth Grade School or Middle School office by Monday, OCT. 1<sup>st</sup>, 2018

There will also be sign up dates at MF Grade school September 22<sup>nd</sup> and 29<sup>th</sup> in the cafeteria from 12-2PM.

You can turn the forms into Grade school office or at sign up dates listed above.

Name: \_\_\_\_\_ Grade(circle) 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup>

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency

Phone: \_\_\_\_\_

**Registration Fee for all grades (due at sign up): \$90.00**

**Shirt Size YS YM YL YXL AS AM AL XL \_\_\_\_\_ Circle one and write on line.**

### Make checks payable to: Forsyth Youth League

Parents of basketball players are expected to work the concession stand on a given date. A work schedule will be sent home following the scheduling of games.

### I am interested in being an assistant coach:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

I hereby give permission for my son to participate in Maroa-Forsyth basketball practices and games.

Parent/Guardian (signature): \_\_\_\_\_ Date: \_\_\_\_\_

\*Please fill out the Waiver/Liability form on the reverse side.

**Contact Jack Grubbs if you have any questions: Nooffseason4us@gmail.com**

**Insurance:** Maroa-Forsyth Youth League will provide secondary limited accidental bodily injury coverage for those participating in basketball. This coverage is aggregate only and limited to pay in addition to primary coverage. In no way should you rely on our limited accidental coverage to provide full coverage in any injury.

**Waiver of Liability:**

I, the parent or guardian of the applicant, agree that the Maroa and/or Forsyth Youth Leagues, Maroa-Forsyth School District, and all individuals participating in the Maroa-Forsyth League Program (including referees) in any capacity will not be liable for any cause of action claims and injuries arising out of the participation of the applicant in the Maroa-Forsyth Youth League, and hereby, release all said individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all participants participate at their own risk. I, as legal parent or guardian of the applicant, hereby consent to the participation of the applicant in the Maroa-Forsyth Youth League Program under the above-mentioned conditions.

**LEGAL AUTHORIZATION OF RESIGNATION INFORMATION & LIABILITY:**

Participant Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

**PARENTAL PLEDGE:**

We pledge to encourage our children, their teammates, the opposing team, coaches and umpires to do their best. We will do our best to model high levels of sportsmanship. I have read and understand this Parental Pledge. I represent and acknowledge myself as the parent of the participating boy.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that failure to sign the above Pledge may affect my child's eligibility to participate.

**Contact Jack Grubbs if you have any questions: [Nooffseason4us@gmail.com](mailto:Nooffseason4us@gmail.com)**