



Greece Basketball Association

High School Boys House Registration 2009-2010

www.greecebasketball.com

Boys Grades: 10th – 12th

Registrations are limited and dependent on gym availability. House registrations will be accepted on a first come, first serve basis.

REGISTRATION FEES: _____ **House Fee (\$100)**

'EARLY' REGISTRATON FEES: _____ **House Fee (\$90)** plus you will receive a GBA decal

- Fee includes a \$10.00 non-refundable processing charge
- Returned Check fee is \$20.00
- **Absolutely No Refunds after Dec. 1st**
- **Each team is required to have a parent coordinator on the bench at every game at all times.**
- All games played on Sundays

PARTICIPANT INFORMATION

Player's Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip Code: _____

School: _____ Grade (2009-2010): _____ Boy _____ Girl _____

Home/Cell Phone: _____ Email: _____ Shirt Size (YM-AXL): _____

- Players & Coaches are encouraged to form their own teams (Min. 8 players, Max. 10 players)
- There are no player evaluations.
- Individual player sign-ups will be randomly placed on a team.
- You may request to play with someone (Name of person to play with: _____)
- Parent(s) interested in being Parent Coordinator (Name: _____)

GENERAL/MEDICAL RELEASE – MUST BE SIGNED BEFORE LEAGUE PARTICIPATION

I/We hereby acknowledge that participation in basketball competition carries with it potential hazard. I/We therefore, release the Greece Basketball Association, it's team coaches, the Association officers, the Town of Greece, NY, and the Greece Central School District, as well as all tournament hosting clubs officers, tournament site municipalities and school districts, from any liability in the event of injury or illness suffered while playing for the Greece Basketball Association, in league or tournament games.

If the above named basketball player should become ill, or sustain an injury, and a parent or guardian cannot be contacted, permission is granted to call a licensed physician for treatment, or to transport the above named participant to a hospital emergency room for treatment.

Parents' Names: _____ Parent Signature: _____ Date: _____