

Register with Check or Money Order (payable to Greece Basketball Assoc.): on May 3 or May 24 @ Apollo School from 9 AM to 1 PM. Otherwise, mail check and form to GBA, PO Box 16141, Rochester, NY 14616

Greece Basketball Association High School Girls Registration 2008-2009

Grades 10 - 12 - Registration Fee is \$100.00

- ☞ Each team is required to have a parent coordinator on the bench at every game at all times.
- ☞ Fee includes a \$10.00 non-refundable processing charge/Returned Check fee is \$20
- ☞ Sign ups will be first come first serve, and there will be no player evaluations
- ☞ All games played Sundays
- ☞ **Registration deadline is November 21, Games start December 7th**
- ☞ Absolutely no refunds will be given after 12/1/07

Participant Information

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

Address: _____ City/Zip: _____

School: _____ Grade (2008-09 year) _____

Home & Cell Phone: _____ Parent E-mail: _____

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.

Parent Signature: _____ Date: _____

☞ Players & Coaches are encouraged to form their own teams (Minimum 8 players and Maximum 10 players). However, GBA would like to limit each team to no more than 4 Varsity and/or Junior Varsity players for competitive reasons.

☞ Individual player sign ups will randomly be put on a team.

☞ You may request to play with anyone (name person/persons you want to play with): _____

☞ Parent(s) interested in being a parent coordinator:
Name: _____ Phone: _____
Parent E-Mail: _____