

# Paulding County Patriots Youth Basketball League For GIRLS Grades: 1<sup>st</sup>–5<sup>th</sup>



## Registration and Skills Assessment

Date: Oct. 13<sup>th</sup>

Location: Paulding County High School

Time: 4:30-6:00 pm



Learn the fundamentals and skills it takes to play basketball at the next level! Become a part of the Patriot Nation!

Player Fee - Pre-registration \$60 After October 4th player fee \$80.  
Mail payment and registration form on the back of flyer to Paulding County High Att. Coach Byron Scott.

“Make checks payable to the Paulding County Basketball Booster Club”

- **Each Team will play 8-10 games.** Practices will be at Paulding County High School and other schools within Paulding County High's District– 1 or 2 times per week for 1 Hour between the hours of 5:30 PM-7:30 PM.
- Basketball players will receive 1 reversible game jersey & shorts (**players can keep jersey & shorts**).
- Your registration price also pays for referees, gym usage, maintenance/custodian fees, and gym insurance.
- Financial assistance is available on a case by case basis. Ask for details!

\*\*\*All payments must be received before uniforms will be distributed.

Questions? Contact us at [bbscott@paulding.k12.ga.us](mailto:bbscott@paulding.k12.ga.us) / [cmurphy@paulding.k12.ga.us](mailto:cmurphy@paulding.k12.ga.us)





## PC Patriots Youth Basketball League Registration

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

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: (M/F) Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Parent (s) or Guardian (s) Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

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

Jersey Size (Circle One) YS YM YL AS AM AL AXL AXXL AXXXL

Shorts Size (Circle One) YS YM YL AS AM AL AXL AXXL AXXXL

Which days are best for practice (Monday, Tuesday, Wednesday, Thursday)? \_\_\_\_\_

*(Practice once a week at Paulding County High (or surrounding school for one hour between 5:30-7:30 pm.)*

### Participation Waiver

General Release, Waiver of Liability and Hold Harmless Agreement KNOW BY ALL MEN BY THESE PRESENTS,

That \_\_\_\_\_ (Print parent/guardian name) hereby agrees to indemnify and hold harmless the Paulding County Basketball Association, PCBA Board of Directors, PCHS and the Paulding County School District against any and all liability, loss, damages, costs, rights and causes of action of whatsoever kind and nature, specifically including, but not limited to, bodily and personal injuries of the undersigned or \_\_\_\_\_ (print player name) as their minor child, as well as all hospital bills, doctor bills, drug bills, and other medical expense, general and punitive damages, that may result from any incident occurring while enroute to or from, or while on the premises of the facilities used by Paulding Basketball Association. It is expressly agreed that the undersigned fully understands that the execution of this document will prevent the undersigned or \_\_\_\_\_, (print player name) their minor child, from asserting any claim as set forth herein, sustained while on the premises or enroute to or from said premises. The undersigned hereby grants permission to the rights of their and their minor child's image, likeness and voice as recorded on audio or video tape without payment or any other consideration. The undersigned fully understands this permission signifies that photographic or video recordings of them or their minor child may be electronically displayed via the Internet or in the public educational setting.

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

I am willing to participate as a volunteer in support of this program as a: **Coach or Assistant Coach** (circle one)

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

### Office Use Only

Amount Paid: \$ \_\_\_\_\_ Payment (Check/MO/CC/Cash): \_\_\_\_\_ Team Assigned: \_\_\_\_\_

Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_ Coach: \_\_\_\_\_