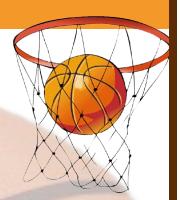
Paulding County Patriots Youth Basketball League For GIRLS Grades: 1st-5th

Registration and Skills Assessment Date: Oct. 13th 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-registaration \$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 <u>bbscott@paulding.k12.ga.us</u> / <u>cmurphy@paulding.k12.ga.us</u>



PC Patriots Youth Basketball League Registration

Name of Participant:					
		_ Gender: (M/F) Height:			
Address:					
City:	State:	Zip Code:	School: _		
Medical Conditions:					
Parent (s) or Guardian	(s) Name:				
Primary Phone:		Alternative Phone:			
Email Address:					
Jersey Size (Circle On	e) YS YM YL AS AM	M AL AXL AXXL AXXXL			
Shorts Size (Circle On	e) YS YM YL AS AM	M AL AXL AXXL AXXXL			
Which days are best fo	or practice (Monday, Tu	uesday, Wednesday, Thursda	y)?		
(Practice once a week	at Paulding County Hi	igh (or surrounding school for	one hour between 5:	30-7:30 pm.)	
That Paulding County Bask all liability, loss, damag bodily and personal inj as all hospital bills, doo incident occurring while expressly agreed that the premises or enrout child's image, likeness fully understands this p	etball Association, PCI ges, costs, rights and c juries of the undersigne ctor bills, drug bills, and e enroute to or from, o the undersigned fully u , (print player te to or from said prem and voice as recorded	BA Board of Directors, PCHS auses of action of whatsoever ed or d other medical expense, gen r while on the premises of the inderstands that the execution name) their minor child, from ises. The undersigned hereby d on audio or video tape witho at photographic or video record	hereby agrees to ind and the Paulding Cou r kind and nature, sp (print playe eral and punitive dan facilities used by Pa n of this document wi asserting any claim y grants permission to out payment or any ot	lemnify and hold harmless the unty School District against any ar ecifically including, but not limited er name) as their minor child, as we nages, that may result from any ulding Basketball Association. It is	to, ell e on ed
Signature of Parent/Gu	uardian	Dat	e:	_	
l am willing to participa	ate as a volunteer in su	pport of this program as a: C	oach or Assistant C	oach (circle one)	
		Phone:			
		Office Use Only			
Amount Paid: \$	Payment (Check/M	//O/CC/Cash):	Team Assigned:		
Receipt #:	Date:	Staff Name:	Coach:		