

Sauk Prairie Youth Girls Basketball Registration Form 2017-18

Last Name	First Name	Birth Date	Grade (17-18 school year)	
Street Address	City	State	ZIP	Player Email Address (optional)
School Attending	T-shirt Size (Circle One Please)			
	Youth: YS	YM	YL	Adult: AS AM AL AXL

PARENT OR GUARDIAN INFORMATION:

Parent 1 Name: _____ Parent 2 Name: _____

Email Address: _____ Email Address: _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Grades 4th - 8th

Registration Fee: \$120.00 (or \$140 if Non Affiliated Comm.)

Registration Process: Registrations can be completed online through the Rec Department website (www.saukprairieschools.org/recdept) or complete this paper registration and return to the Rec Department at 730 Monroe Street, Sauk City, WI 53583.

Village\Township - Circle one (Required)

Affiliated Community (No Extra Fee): Village PdS Village SC TwN PdS Roxbury Sumpter TwN Mazo

Non Affiliated Comm. (Extra \$20 Fee): Troy Vill of Merrimac TwN of Merrimac West Point HoneyCreek Other (_____)

LATE FEE: If registering after Monday, September 18th a \$20 late fee will apply. Registrations will only be accepted until team rosters are full.

PARENT MEETING AND FIRST PRACTICE: There will be a mandatory parent meeting and first practice for all players in grades 4-8 on **Sunday, October 8th**. All details of the upcoming season which starts games weekends in November and will be shared and all required paperwork will be completed and turned in for club and league play. More detailed information will be sent to registrants in early October.

CONCESSION VOLUNTEER REQUEST: Every family with players in grades 4 - 8 will be asked to work at least one shift in the concession stand for each child in the basketball season. The concession stand is an important fundraiser to keep the registration fees down.

Amount Due: \$ _____ league fee (\$120 per player)
 \$ 20 non affiliated Community fee (if applicable)
 \$ 20 late fee (if registering after 9/18)

Volunteer Opportunities: Coach Board of Directors Fundraising Concession Management Tournament

Permission and Release:

Consent for Emergency Medical Treatment:

As the parent or guardian of the above named child, I hereby consent to the emergency medical treatment required to be performed by a licensed physician under any condition where it is judged by adult supervisors to be needed to protect my child's health and well-being, and where my specific consent is not available. I understand it is my obligation to provide necessary health insurance for my child and that I will be solely responsible for any uninsured healthcare expenses resulting from any conditions or injuries of my child sustained during practices or games.

Waiver of Liability:

I further agree to abide by the rules set forth by Sauk Prairie Youth Girls Basketball. I release, discharge, hold harmless and/or otherwise indemnify Sauk Prairie Youth Girls Basketball, the team, its sponsors, supporters, coaches, volunteers and any other personnel and the owners of facilities used by the organization against any claim by or on behalf of the child named above as a result of the child's participation in the programs or while being transported to/from the game.

Signature of Parent or Guardian:

X

X

Parent or Guardian Signature for the above statement

Today's Date

\$

Fee Paid

Check #

Received by

Make checks payable to: SPCRD
Send payment to: SP Rec Dept, 730 Monroe Street, Sauk City, WI 53583

Registration deadline: September 18th
Questions: spygbb@gmail.com