



**PERRY GIRLS YOUTH  
FALL BASKETBALL REGISTRATION**

**October 8<sup>th</sup> thru November 24<sup>th</sup>  
Grades 3<sup>rd</sup> thru 6<sup>th</sup>**

● **2 Week Skills Camp Learning Offense and Defensive Fundamentals**

● **4 Week Practice and Officiated Game Schedule**  
*(Practice two nights a week, Games on Sunday)*

● **Ball and Reversible Jersey (If needed)**

● **\$65.00 Registration fee**  
*(Scholarships Available Upon Request)*

**“Building Champions in the Classroom, On the Court and in Society”  
Start Your Journey With Us Today**

Girls Youth Program Includes: Summer Basketball Clinics (June)  
Fall Basketball Clinic (October – December)  
Travel Tournament Teams (January thru March)

Child’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emails (in order of use): \_\_\_\_\_

Grade: \_\_\_\_\_ School (circle): Genoa Knapp Lohr Pfeiffer SJA Watson Whipple

Jersey size (circle if needed): YS YM YL AS AM AL AXL NA (Have Jersey from last year)

If you would like to help by coaching, please give us your name: \_\_\_\_\_

- Please print clearly, tear off, and return with check for \$65 payable to “Perry Girls Basketball Boosters.”
  - One registration form per child, please. (\$55.00 for multiple players in same family)
  - Registrations are due back at school Thursday, September 26th. Or mail to
    - Bob and Pete’s Floors- 4713 Tuscarawas St W, Canton, Ohio 44708
- Any questions on registration or the clinic can be directed to Bob Pireu (Director of Basketball Operations) at
  - (330) 353-0566 or bob@bobandpetefloors.com
  - Coaching clinic will be provided for training.
  - For more information on scholarships please contact Bob Pireu

RELEASE AND WAIVER: I understand that sports are inherently dangerous activities. I understand that Perry Girls Basketball Boosters, Perry Boys Basketball Boosters, Perry Youth Basketball, and Perry Local Schools (collectively “PYB”) do not claim that the coaches, officials, or other participants have any special expertise and that they are volunteers. I hereby waive any liability on the part of PYB and the participants, coaches, officials, employees, and organizers for any injuries that may result from my child’s participation. I also permit the use of my child’s image in any promotional material that may be made. I specifically authorize PYB and anyone associated with it, as well as all medical and emergency personnel, to treat my child as they deem necessary in case of an emergency. I waive any claim of liability against these individuals or organizations for emergency treatment of my child. I agree to be responsible for any expenses or bills incurred as a result of such treatment.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

In case of emergency call (name and phone): \_\_\_\_\_

Child’s physician and phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Special conditions / instructions (hospital preference) / medication allergies: \_\_\_\_\_