



PERRY GIRLS YOUTH FALL BASKETBALL LEAGUE REGISTRATION



**September 27th - November 6th
Grades 3rd thru 6th**

- **2 Week Skills Camp Learning Offensive and Defensive Fundamental**
-Led by Varsity staff and players
- **4 Week Practice and Officiated Game Schedule**
-Practice two nights a week; Games on Sunday
- **Ball, Basketball Journal, Reversible Jersey (If needed)**
- **\$70.00 Registration Fee**
-Scholarships Available Upon Request

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

Parent Meeting September 22nd 7PM Pfeiffer Cafeteria

This is a great time to meet our varsity staff and discuss any questions you have about the youth clinic, practice times, games, and travel league. Hope to see you there!

Child's Name: _____ DOB: _____ Parent's Name: _____

Address: _____

Emails (in order of use): _____

Home Phone: _____ Cell Phone: _____

Grade: _____ School (circle): Genoa Knapp Lohr Pfeiffer SJA Watson Whipple Other: _____

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: _____ contact #: _____

❖ *Coaching clinic will be provided for all volunteer coaches*

- Please print clearly, tear off, and return with check for \$70 payable to “**Perry Girls Basketball Boosters.**”
 - One registration form per child, please. (\$55.00 for multiple players in same family)
- Please mail registrations to: **Perry High School/ 3737 13th St. SW/ Massillon, OH 44646**
ATTN: Athletic Dept./ Girl's Basketball
- Any questions on registration or the clinic can be directed to Bri McCaulley (Director of Basketball Operations) at (330) 936-8135 or bmccaull1@walsh.edu

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: _____