



# Boys & Girls Clubs of Hancock County 2021 - 2022 Fall Basketball League

**Fee Schedule:**

Grades 1-6 Boys & Girls Non After-School Member: \$60.00

Grades 1-6 Boys & Girls Member: \$45.00

League: October 11 - December 18, 2021 (includes instructional practices & games) No sessions on Thanksgiving Weekend.

Registration can be emailed back to reed@bgchc.com or dropped off to: Boys & Girls Club of Hancock County, 715 E. Lincoln St., Greenfield, IN 46140. **DO NOT** turn your form in to your school.

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: M / F

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Height: \_\_\_\_\_

Shirt Size: YXS YS YMD YLG AS AMD ALG AXL AXXL AXXXL **CIRCLE ONE PLEASE**

**Basketball Experience:**

- Level 1 - No Experience (First time playing basketball, difficulty dribbling, shooting)**
- Level 2 - Beginner (First time playing organized basketball, working on dribbling and shooting)**
- Level 3 - Some Experience (Have played organized basketball, able to dribble and shoot)**
- Level 4 - Skilled (Multiple years playing organized basketball, able to dribble and shoot with form)**
- Level 5 - Highly Skilled (Often recognized as team leader, skilled dribbler, shoots with proper form)**

**Liability-** I, the parent/guardian, of the minor child listed on this application, for ourselves, our heirs, executors and administrators, hereby release, waive, acquit and forever discharge the Boys & Girls Club of Hancock County, Boys & Girls Clubs of America, their representatives, successors, insurers, assigns, or any other person or entity associated with any of the above listed organizations, such as staff, directors, or volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, and injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organization either at or away from the club.

**Medical treatment-** I give permission to the Boys & Girls Club of Hancock County to seek medical treatment for my minor child if I cannot be reached. I will be responsible for any and all costs of medical attention and treatment.

**Photo Release-** I give my consent for photographs in which my child may appear, for any use by the Boys & Girls Club of Hancock County. Furthermore, I understand participation in this league is a privilege and may be revoked for a variety of reasons and fees are nonrefundable.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**