

# ORION YOUTH BASKETBALL LEAGUE

## Registration Form Girls & Boys Grades 1<sup>st</sup> – 6<sup>th</sup>



Teams are formed by grade: **Girls** - 1<sup>st</sup> & 2<sup>nd</sup> grades, 3<sup>rd</sup> & 4<sup>th</sup> grades, and 5<sup>th</sup> & 6<sup>th</sup> grades  
Games played in October, November, and December

**Boys** - 1<sup>st</sup> & 2<sup>nd</sup> grades, 3<sup>rd</sup> & 4<sup>th</sup> grades, and 5<sup>th</sup> & 6<sup>th</sup> grades  
Games played in January, February, and March

**DEADLINE: Friday, September 23rd**

Please complete one registration form for each child.

For additional information contact Denise Jacobsen at (309) 235-5680

Child's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian name (please print) \_\_\_\_\_

**T-shirt size (circle one):** Youth M – Youth L – Adult S – Adult M – Adult L – Adult XL

Note: If your child wants to play basketball, but funds are limited, please check here \_\_\_\_\_

**ATTENTION** - Volunteers are needed; please mark below if you are able to help in these areas:

\_\_\_\_\_ coach a team  
\_\_\_\_\_ assistant coach

### Waiver of Liability

I, the undersigned parent or guardian of \_\_\_\_\_, agree on my applicant's behalf, that the Orion Youth Basketball and all individuals associated with the league or participating in the league's programs in any capacity whatsoever, will not be liable for any injuries, or causes of action of any kind arising out of my applicant's participation in such programs, and hereby release the league and all individuals from all such claims or liabilities.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Waiver of Insurance

I, the undersigned parent or guardian of \_\_\_\_\_, hereby inform the Executive Board, Orion Youth Basketball, that we have adequate medical insurance to cover our son/daughter while engaged in basketball practices, basketball games, or any other activities of the Orion Youth Basketball. We further inform the Executive Board of the Orion Youth Basketball, that we will not hold it responsible for ambulance, hospital, or other medical expenses incurred should our son/daughter be injured in basketball practice, basketball games, or any other activities of the Orion Youth Basketball.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**DEADLINE: Friday, September 23rd** - \$20.00 for the first child and \$10.00 for each additional child in the family.  
Please make checks payable to **Orion Youth Basketball**. Please fill out one form for each child.

Mail bottom portion of form to:

Orion Youth Basketball  
c/o Denise Jacobsen  
1504 8<sup>th</sup> Street Court  
Orion, Illinois 61273

