

BUCKEYE VALLEY YOUTH BASKETBALL ASSOCIATION REGISTRATION FORM

PLAYER INFORMATION	PARENT/GUARDIAN
Name: _____	Name: _____
Address: _____	Address: _____
School Attends (BVW, BVE, BVMS): _____	City/Zip: _____
Home Phone: _____	Home Phone: _____
Grade: _____ Gender: ()M ()F	Cell Phone: _____
Do you have older/other siblings that play: _____	Name: _____
Family Email Addresses: _____ _____	Address: _____
print clearly	City/Zip: _____
	Home Phone: _____
	Cell Phone: _____

T-SHIRT INFORMATION (Please Circle) <div style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;"> YS YM YL AS AM AL AXL </div>	VOLUNTEERS NEEDED! Please indicate below if you can help with one of the following: Name(s): _____ () Head Coach () Assistant Coach
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PAYMENT INFORMATION AND SCHEDULE

K/1st Grade(boys/girls): \$60.00 – Fee covers T-shirt, gym rental, Basketball, team equipment, and awards. This league will consist of 6 instructional clinics that will be held at Buckeye Valley High School in the main gym. All Clinics will be held on Sunday evenings and will be 1 1/2 hour long. Dates are not available yet but could start as early as Dec. and go through early Feb. They will NOT be every Sunday. The dates are still to be determined. They will play a few games toward the end of the clinics with their last final game being played on Pancake Day.

2nd/3rd Grade(boys/girls): \$65.00 – Fee covers T-shirt, gym time, team equipment, awards and end of season Tournament. This league includes 1 practice per week starting beginning of December with games starting in January through end of February. All instructional coaching will be held at BV Elementary schools.

4th-6th Grade (boys/girls) Recreation League: \$85.00 - Fee covers Reversible Jersey, T-shirt, team equipment, league fees, gym rental, and awards. This league includes 1 practice per week starting beginning of December with games through end of February. The league will play games at various Marion County Schools against other Marion County Teams. Game days will be on Saturdays. You do NOT have to try-out for this.

*** Practices and games will not be rescheduled if cancelled due to inclement weather or school closure.**

Please Register and Pay online at buckeyevalleybasketball.com (there is a 5.00 additional charge if pay on-line)
 Or send check and completed registration form to: BVYBA @ 3162 Russell Rd Ostrander OH 43061

*BVYBA is not affiliated with Buckeye Valley Local Schools

ALL REGISTRATION FORMS ARE DUE BY OCT. 10th!

BUCKEYE VALLEY YOUTH BASKETBALL ASSOC.
AUTHORIZATION FORM AND MEDICAL RELEASE

YOUR SIGNATURE IS REQUIRED IN BOTH PLACES BELOW!

PARENTAL CONSENT TO PARTICIPATE

As a parent or legal guardian, I hereby register my child with the **BUCKEYE VALLEY YOUTH BASKETBALL ASSOCIATION (BVYBA)** to be an active participant in a Competitive/Recreational/Instructional Basketball League and agree to abide by the game rules and regulations of the BVYBA program. I recognize that playing basketball includes a risk of physical injury to my child and I knowingly assume such risk. In consideration for such recreation and training being afforded my child, I release and discharge BVYBA, any Competitive/Recreational/Instructional Basketball League, team sponsors, coaches or assistant coaches, transportation providers, and all agents, officers, representatives and successors of any of the above from all injuries, damages or loss of property suffered by my child as a result of practices, exhibitions or games conducted during the season. I further agree to indemnify and hold harmless the BVYBA, any Competitive/Recreational/Instructional Basketball League, team sponsors, administrators, coaches or assistant coaches, transportation providers, and all agents, officers, representatives and successors of any of the above from any injury, damage, or loss of property suffered by any other person as a result of actions by my child.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION

Either Part 1 or Part 2 of this release must be completed.

The purpose of this release is to enable parents and legal guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in BASKETBALL activities when parents or legal guardians cannot be reached.

Part 1 (to grant consent) In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of my child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Part 2 (to refuse consent) I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the authorities to do the following:

(check one)

() Take no action () Specify action: _____

Parent /Guardian Signature _____ Date: _____

Please Complete All Information!