

CHILDREN'S BASKETBALL LEAGUE



IMPORTANT INFO: Please read carefully:

We are a recreational league only. Our goal is for kids to have fun and learn in a positive atmosphere
Ages Kindergarten through 4th grade (Coed team make ups will be based upon participation numbers)
Each participant must have turned in a completed and signed registration and medical release form
\$25 per participant must be turned in with form by 12/15/17. (Scholarship available based upon financial need)
Each participant will receive a league T-shirt, 5-6 games/practices, and a year end award
Games and practices will be on Saturdays in January and February, possibly a weeknight if needed
Players practice for 30 minutes followed by devotion and 30 minute game(running clock, 5 minute quarters)
Substitutions will be made at quarter breaks.
It is vital that we have enough adult volunteers. Please consider helping with your team.

NCAA DIVISION

Grades K-1

Each child/coach receive white shirt which needs to be worn on game days.
One team will be given blue vests to wear during game.
8 foot goals
4 v 4 (4 players per team during game)
Score not kept during game
No full court press
No double team
Home team receive ball first
Man to man defense only

Players will be matched up with other team during substitution break by wearing individual color wristbands.

One coach from each team to be on floor with the kids to serve as a coach/referee.

NBA DIVISION

Grades 2-4

Each child/coach receive white shirt which needs to be worn on game days.
One team will be given blue vests to wear during game.
9 foot goals
5 v 5 (5 players per team during game)
Score kept during game
No full court press
No double team
Jump ball to begin game
Man to man defense only

Players will be matched up with other team during substitution break by wearing individual color wristbands.

Volunteer referees will call games. All regular rules apply such as traveling, double dribbling, etc. Fouls will be called and free throws taken when necessary. Our referees will allow the children to learn by not calling the games too tight and will help the child understand what they did wrong by briefly telling them why the whistle was blown.

YELLOW CREEK BAPTIST CHURCH CHILDRENS BASKETBALL LEAGUE REGISTRATION

Return form to: Yellow Creek Baptist Church, 5741 Highway 144, Owensboro, KY 42303 270-281-4118



Participant's Name: _____ Gender: Male Female

Address: _____

Please circle one for each of the following:

Current Grade: Kindergarten 1st 2nd 3rd 4th

Shirt Size: YS YM YL AS AM AL AXL

Skill Level: Beginner Basic Intermediate Advanced

Registration Fee Enclosed (\$25) _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

It is very important that we have adult volunteers to help with teams

Willing to help coach child's team? Yes No Willing to help coach child's team? Yes No

Shirt Size if Coaching _____ Shirt Size if Coaching _____

Church (If you regularly attend church, which one?) _____

Please list any medical conditions that may affect your child such as asthma, frequent nose bleeds, etc.

PLEASE READ CAREFULLY, COMPLETE AND SIGN BELOW: THIS FORM INCLUDES A RELEASE OF LIABILITY.

AUTHORIZATION AND RELEASE OF LIABILITY: I, the parent/guardian of the above named child, authorize the child's participation in the Yellow Creek Baptist Church Basketball League. I understand the Program is conducted by the Church, its volunteers, staff, and parents of other participating children. I understand that the Church is solely responsible for all aspects of the Program, I further understand and agree that my child's participation in the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, my family and I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church, and all of the Church's directors, trustees, deacons, employees, volunteers, insurers, representatives, and all other persons associated with the Program (including without limitation any other parents, coaches and other game and event workers, and officials) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I also authorize the Church to use, reproduce, distribute, display, and to license others to use, reproduce, distribute, and display, my child's image, photograph, as well as any video, digital, or audio recording or reproduction, in connection with external/internal communications of the Church for the purpose of advancing the programs. **MEDICAL CONDITIONS:** I understand the Program involves physical activity and agree that my child is healthy and able to participate. **CONSENT TO MEDICAL TREATMENT:** In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above-named child, am not present to make medical decisions, I give my permission for the Church, its staff, volunteers, volunteer parent participants, all coaches, and supervisors, to arrange for and consent on my behalf to emergency medical/dental care and treatment, including tests and radiological exams, surgery, hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability, Medical Conditions, and Consent to Medical Treatment. By signing, I certify that I am parent, guardian or other adult with legal parental authority to complete this registration and release and that I am not aware of any reason that any other parent/guardian objects to the child's participation in the Program.

Printed name: _____

Signature: _____

Date: _____