

# SOUTHERN KENTUCKY YOUTH BASKETBALL LEAGUES

in cooperation with



**REGISTRATION:** October 19-20 - 3:30-6:00pm - BGPR, 225 East Third Avenue  
October 22- 12:00-3:00 – BGPR, 225 East Third Avenue  
**On Line Registration-- [www.eteamz.com/skybl](http://www.eteamz.com/skybl)**

Birth Certificate must be presented at registration for verification.

**FEE:** 6-7 Years Old: \$40, 8-16 Years Old: \$50 (Includes game jersey, medical and liability insurance).

**Child will not be assigned without minimum \$20-25 payment** due at registration. Balance of all fees due by first game! Make checks payable to **BGPR**. **NOTE: There is a \$20 fee assessed on all returned checks!** For More Information Call 393-3249.

**Please indicate the division your child will play—Note: Age is as of October 1, 2011**

**COED:** BEGINNERS(Ages 6-7)\_\_\_\_\_ (may not play up without board approval)

**BOYS:** PRIMARY\_\_\_\_\_ ELEMENTARY\_\_\_\_\_ PREP\_\_\_\_\_ JV\_\_\_\_\_ VARSITY\_\_\_\_\_

(Ages 8-9) (Ages 10-11) (Ages 12-13) (Ages 14-16) (Ages 16-17)

**GIRLS:** PRIMARY\_\_\_\_\_ ELEMENTARY\_\_\_\_\_ PREP\*\_\_\_\_\_ JV\*\_\_\_\_\_

(Ages 8-9) (Ages 10-11) (Ages 12-13) (Ages 14-16)

PLAYER'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ SHIRT SIZE YS YM YL AS AM AL AXL

PARENTS' NAMES \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (OTHER) \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE ON October 1, 2011 \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER: M or F

SCHOOL (or which elementary school district do you reside in?) \_\_\_\_\_

TEAM PLAYED ON LAST YEAR \_\_\_\_\_

**OPTIONAL INFORMATION:**

NATIONAL ORIGIN: UNITED STATES \_\_\_\_\_ NON-UNITED STATES (PLEASE SPECIFY) \_\_\_\_\_

RACE: WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ HISPANIC \_\_\_\_\_ ASIAN \_\_\_\_\_ AMERICAN INDIAN \_\_\_\_\_ OTHER \_\_\_\_\_

RESIDENTIAL STATUS: BG CITY \_\_\_\_\_ WARREN COUNTY \_\_\_\_\_ OTHER COUNTY \_\_\_\_\_

**PARENTS!!! If you would like to help coach a team, please indicate below:**

Head Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_

**RELEASE AND LIABILITY WAIVER**

I understand that basketball is a physical, high-contact, dangerous activity, and that SOKY Youth Basketball, Inc. and the Bowling Green Parks Department, its staff and/or instructors will exercise care and precaution in the supervision thereof. However, recognizing the inherent risk of injury, including but not limited to broken limbs, head injuries possibly leading to paralysis or death. Nevertheless, in exchange for consideration to participate, I waive, release, and discharge and agree to indemnify and hold harmless and defend the City of Bowling Green, its officials, employees, agents and staff, including but not limited to the Bowling Green Parks and Recreation Department, its personnel and instructors, and SOKY Youth Basketball, Inc., its officials and coaches, from any and all liability for injuries or damages which may arise from any and all negligent acts or conduct of commission or omission, if any, or any other injury arising from this program which may be sustained by me or my child. I further understand that persons with a history of back trouble, heart and high blood pressure are not to participate in this activity without the instructor with a dated doctor's consent form.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

X \_\_\_\_\_

**EMERGENCY MEDICAL RELEASE**

If you or your child should be injured or become involved in an emergency situation, officials may notify Emergency Medical Personnel. You will be responsible for any financial matters that may occur. An attempt will be made to contact the person listed below. However, if this should entail a lengthy delay or if the injury is in any way life-threatening, the injured will receive immediate treatment.

**EMERGENCY CONTACT PERSON (if parents cannot be reached)**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PHONE NUMBER (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (OTHER) \_\_\_\_\_

Please check if any of the following apply:

\_\_\_\_\_ Requires medical treatment of illness – Please List: \_\_\_\_\_

\_\_\_\_\_ Has allergies or chronic problems (example: allergies, asthma, diabetes, drug/medication allergies) – Please List: \_\_\_\_\_

**Team Assignments (Boys and Girls in Separate Divisions, Unless a Division Doesn't Make)**

**Boys and Girls Beginners**

Returning players will be assigned to the team in which they participated the previous season. New players will be assigned to a team based on school attended, or district in which they reside. Games/practices could begin by November 12.

**Boys & Girls Primary**

Players returning from last year's primary league will be assigned to the team on which they participated the previous season. New players to the primary league will be drafted if there is more than one team in the School District in which they reside. Players outside the School boundaries will be assigned to the closest school when roster space is available.

**Boys & Girls Elementary**

Players returning from last year's elementary league will be assigned to the team on which they participated last season. New players to the elementary league may be DRAFTED following a "tryout" to a team near their residence within the School boundaries, in the event there is more than one team from that school. Depending on numbers, girls 12 years old may be permitted to play.

**Boys & Girls Prep**

Players returning from last year's prep league will be assigned to team on which they participated last season. Players new to the prep league will be drafted on Saturday, November 5, at 12:00 p.m. at the Center Street Gym.

**Boys & Girls Junior Varsity**

Players returning last year's JV league will be assigned to team on which they participated last season. Players new to the JV league will be drafted on Saturday, November 5, at 1:00 p.m. at the Center Street Gym.

**Boys & Girls Varsity**

Open to all players 17 and under. Draft will be held for varsity league pending sufficient registration numbers.

**PARENTS:**

You may mail this form back in rather than attend the registration sessions! We must receive all entries by October 25; our mailing address is BGPR, 225 E. Third Avenue, Bowling Green, KY 42101. Please read the team assignment information list above for any additional information. Teams will be assembled October 26 – November 1.

**FOR OFFICE USE ONLY**

BIRTH CERTIFICATE \_\_\_\_\_

DATE PAID \_\_\_\_\_ AMT PAID \$ \_\_\_\_\_ RECEIPT # \_\_\_\_\_ BY \_\_\_\_\_