

# 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> GRADE BOYS' TIGER BASKETBALL

If any 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> grade boy is interested in playing basketball for the upcoming season, please complete the form below and return to your teacher, with fees included, no later than October 11. 3<sup>rd</sup> and 4<sup>th</sup> grades will be competing on Saturdays at local schools. 5<sup>th</sup> and 6<sup>th</sup> grades will be competing on Sundays at alternating league schools. Parent participation in weeks hosting the league games would be greatly appreciated. Each team will have 1 or 2 practices throughout the week leading up to games.

**PLEASE NOTE THAT THIS IS A CLUB SPORT AND NOT AFFILIATED WITH SENECA EAST! SENECA EAST IS ALLOWING US TO USE THEIR FACILITIES FOR SOME PRACTICE AND GAMES ONLY. PRACTICES MAY BE HELD AT FLAT ROCK HOMES 7353 County Rd 29, Flat Rock, OH 44828.**

Participant's Name \_\_\_\_\_

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

Participant's Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Participant's Uniform Size YS YM YL YXL AS AM AL

Participant's Birthday \_\_\_\_\_

Parent / Guardian Home Phone \_\_\_\_\_

Parent / Guardian Cell \_\_\_\_\_ Text Y / N (updates will be sent via text message)

Fees \$35 (This includes uniform, insurance, scorebooks, officials, etc). (Please contact us if fee is an issue, as financial assistance is available). Uniforms will not be the same as previous years.

**\*\*\*Checks made payable to Tiger Youth Basketball Club\*\*\*\***

Parents interested in coaching \_\_\_\_\_

3<sup>rd</sup> Grade \_\_\_ 4<sup>th</sup> Grade \_\_\_ 5<sup>th</sup> Grade \_\_\_ 6<sup>th</sup> Grade \_\_\_

Questions? Contact Jay Snay at 419-577-2672

## Medical Treatment Consent

I hereby consent that my child can receive any necessary medical treatment for any condition or injury suffered while attending the 2019-2020 SE Youth Club Basketball Program. I understand that the program does not carry full medical or accident insurance on behalf of any participant and that I will be responsible for any expenses incurred on his/her behalf in connection with such treatment. I release Seneca East School, program, workers and any volunteers from all claims and liabilities for any injuries sustained by my son.

**Signature of Parent or Guardian** \_\_\_\_\_