***2020 Unity 3rd and 4th Grade Girls Basketball***

***Registration deadline is 2/10/20, mail to the address at the bottom of form***

**Player Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_**

**Primary Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Secondary Email Address (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Shirt Size: YS (6-8) YM (10-12) YL (14-16) Adult S Adult M Adult LG**

**The season will run from late February through April during weeknights and/or Saturday mornings depending on gym availability.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The fee for this program is $30 and is due when submitting your registration form. Checks can be made payable to ‘Jr. Lady Rocket Basketball’. Any returned check will be charged an NSF fee of $30.**

**I give my permission for my daughter/legal dependent to participate in the Jr. Lady Rocket Basketball program.**

**I understand that there will be no liability to the Jr. Lady Rocket Basketball program and that my daughter/legal dependent is covered by my insurance policy. I hereby forever release the Jr. Lady Rocket Basketball program, its owners, officers, coaches and any facility used by the Jr. Lady Rocket Basketball program from all liability for any and all damages and injuries suffered by my child while participating in this program.**

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Check here if you would like to be a coach for this program, we need volunteers. 

|  |  |
| --- | --- |
| **For Program Use Only:**  **CK #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Initials\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Contact info:**  **Brad Williams**  **PO BOX 112**  **Tolono, IL 61880**  [jrladyrocketbball@gmail.com](mailto:jrladyrocketbball@gmail.com) |