

# Hills Chapel Spring Basketball League

Sponsored by Hills Chapel School

Hills Chapel School is sponsoring a Spring Basketball League for students Pre-K-6<sup>th</sup> grade (2020-2021 school year). The cost for the league is \$35 for 1 child, 2 siblings will be \$60, and 3 siblings will be \$90.

Please fill out the following information. If more than one sibling is playing, please fill out a separate form for each child, but send the forms and payment together. A representative from the school will collect the forms on **Tuesday, March 23, 2021.** Games will be scheduled for Saturdays beginning April 10, 2021 and concluding May 15, 2021.

**PLEASE PRINT IN INK**

Student name: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent name & phone number: \_\_\_\_\_

Additional phone number (if available): \_\_\_\_\_

**Parent interested in being a coach?** (Please circle) YES or NO

Player's Shirt size- (circle) YS YM YL YXL AS AM AL AXL

How many years has your child played organized basketball? \_\_\_\_\_

**Please read carefully and sign below.**

I, the parent or guardian of the above-named child, authorize the participation of my child in the Hills Chapel Fall Basketball League. I further understand and agree that my child's participation in the league 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 myself, I assume these risks. In consideration of the privilege of my child's participation in the League, and on behalf of my child and myself as a parent/guardian, I hereby release, discharge, hold harmless, and indemnify, and covenant not to sue, the Prentiss County School District, Hills Chapel School, Hills Chapel School faculty and staff along with all the directors, volunteers, and all other persons associated with the League as to any and all claims of my child, myself, 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 League, 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 the league.

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_