

MARSHALL COUNTY 3 on 3 BASKETBALL
2015 REGISTRATION INFORMATION\GENERAL RELEASE

Pre-k thru 2nd Grade

Sign ups at Mr. Gattis in Draffenville on Tuesday, Nov 3rd 5-8pm
Another live sign up to be announced on Marshall County Daily
(Be Sure to Bring This Registration form)

or

To Register by Mail, address and payment to the following:

\$35.00 Make Checks Payable to:

MCLLBA c/o Clint Graves

1339 Robinwood Drive

Benton, KY 42025

Deadline for Registration is Monday, Nov. 9th. NO EXCEPTIONS.

Address any pertinent questions to Clint Graves, 270-703-4359 or Rachel Dunn, 270-493-0462.

NAME: _____

PARENTS NAME: _____

ADDRESS: _____

CONTACT NUMBER: _____

BIRTHDATE: _____ GRADE: _____ SHIRT SIZE: _____ MALE/FEMALE

ELEMENTARY SCHOOL ATTENDING: _____

I AM WILLING TO HELP AS FOLLOWS:

COACH: _____ (NAME) / ASSISTANT COACH: _____ (NAME)

CHILDS DOCTOR: _____

PARENTAL AUTORIZATION:

The undersigned, parent or guardian of _____, for and in consideration of the benefits derived from his/her child participating in the Marshall County 3 on 3 Basketball program do hereby give approval for participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do so hereby waive, release, absolve, indemnify and agree to hold harmless the Marshall County Little League Basketball Association, the Marshall County Board of Education, Association directors, organizers, sponsors, supervisors, participants and persons transporting players or participants to and from all activities, for any claim arising out of an injury to the player. The undersigned also agrees to carry hospitalization insurance and/or major medical coverage and/or be individually responsible for any and/or all medical expenses which may arise from the participation of the above child in any Marshall County 3 on 3 Basketball Event.

I also grant permission to managing personnel or other program representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in the Marshall County 3 on 3 Basketball program when the parent is not present.

I further agree to abide by the code of conduct of the MCLLBA.

SIGNATURE OF PARENT/LEGAL GUARDIAN