

2018 Bantam Basketball League Registration

St. Clairsville Recreation Center

Visit us online at <https://stcrecdept.recdesk.com>

The center will be having registration for Bantam Basketball for children in grades K-6 starting immediately until November 9th, 2018 at midnight. **Please do not wait until the last day to sign up!** Registrations can be accepted in person, by mail/fax, or by going online. Players will be placed on teams by a blind draft. The league's goal is to introduce basic basketball skills, techniques, and strategies to our youth in a great learning environment. No pre-selected teams are able to enter for this league **Except for 5th & 6th grade**. Games will be played on Thursday nights, Friday nights, and Saturdays **predominately**. If you wish to use our facility practices will be scheduled by the rec center staff. Schedules will be posted online by the start of the first game.

Registration Deadlines are important! Any registration accepted AFTER the deadline may not be accepted. Teams will be capped to ensure all children get ample play time and registrations will be taken until that number is reached.

Parents and/or guardians are responsible to ensure the registration and the medical form are received in a timely manner to allow the staff time to schedule, arrange teams and order t-shirts. **There will be no refunds! We are able to move your registration fee to a different program if you are unable to participate in basketball.**

Special Request – Due to scheduling for a large group, decisions must be made for the whole and although the staff will do our best to accommodate any request made there will be no promises.

Coaches meeting will be held MONDAY NOVEMBER 19, 2018 at 6pm! Please email shanley@stclairsville.com or fill out the coaching section if you would like to volunteer. Coaches will be used in accordance to the number needed to fill teams of 7 to 9 at the max. Two coaches per team limit. Each coach will be required to submit the following: Background screen, volunteer application, and concussion awareness certificate. Please indicate to us if you have an assistant coach by November 16th, 2018.

BANTAM BASKETBALL 2018 Registration

NAME: _____

Parents Name: _____

GRADE: _____ DOB: _____ SEX: M F

Please Circle Below

ADDRESS: _____

Do you have multiple children who could possibly play in the same age group?
Yes No

Please place an X to the right of the best way to contact you.

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

SCHOOL ATTENDING: _____

If possible, could you like us to place your siblings together?
Yes No

If you do not wish for your child's photograph to be used in Rec Center promotional material (Facebook posts, Twitter posts, Newspaper articles, Rec related brochures, etc.) please contact the Rec Center directly!

FEES & STATUS: Please circle the fee which applies to you. Living in St. Clairsville or attending a St. Clairsville school qualifies you for resident prices.

RESIDENT -	\$50 Individual	\$85 Family Plan	Total Shirts Ordered: _____
NON RESIDENT -	\$60 Individual	\$95 Family Plan	Price for additional shirts: \$10

Player (Youth Size)	YS (6-8)	YM (10-12)	YL (14-16)	
Player (Adult Size)	Small	Medium	Large	XL / XXL / 3XL
Coach/Parent	Small	Medium	Large	XL/XXL/3XL

* Coaches will be ordered a shirt free of charge, please ensure we have your size by the coaches meeting.

* Fees can be paid online, by mail, cash, check, or money order. Fee must be paid by first game to participate!

St. Clairsville Department of Parks & Recreation

Emergency Medical Authorization

Purpose: To enable parents and guardians of participants to authorize the provision of emergency treatment for the children or Participants who become ill or injured while under Dept. of Parks & Recreation activities when the parent or guardian cannot be reached.

Participants Name: _____ (Please print)

Part I (To Grant Consent):

Program Participating In: _____

In the event reasonable attempts to contact me at _____ (phone number) I hereby give my consent for the administration of any treatment deemed necessary by the following doctors:

Preferred Physician Name & Phone: _____

Preferred Dentist Name & Phone: _____

In the event the designated practitioner is not available, I consent to care by another licensed physician or dentist. If the transfer of _____ (participant's name) is necessary I grant consent of the transfer to _____ (preferred hospital) for any reasonable and necessary care.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the participant's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted in the space provided below:

Signature: _____ Date: _____

HIPPA Consent:

The St. Clairsville Department of Parks & Recreation acknowledge and abides by all rules of the HIPPA Act.

Yes, I do consent to release emergency medical information on this form to the Recreation Department office staff, emergency personnel

And Coaches.

No, I do consent to release any or all information pertaining to my child.

Parent Signature: _____ Date: _____

Participant Signature: _____ Date: _____

(If participant is over 18) Revised on 8.25.14

Do NOT complete Part II if you completed Part I

Part II (Refusal to Consent)

I do NOT give my consent for the emergency medical treatment of my child or myself. In the event of illness or injury requiring emergency treatment, I wish the St. Clairsville Department of Parks & Recreation authorities take no action to:

Signature: _____ Date: _____