



# 7<sup>th</sup>/8<sup>th</sup>/9<sup>th</sup> GIRLS or BOYS BASKETBALL REGISTRATION FORM

**REGISTRATION DEADLINE: 9/17/18 (forms and money must be turned in at the front office)**

Cost: \$100 – 7<sup>th</sup>/8<sup>th</sup>/9<sup>th</sup> Girls or Boys Basketball (if student is turning 15 during season, they are ineligible to play)

\*\*TRY OUTS will be held on a date to be announced. Select 8<sup>th</sup> / 9<sup>th</sup> students will be chosen for Varsity Basketball. We will also be filling a middle school team. Students are only eligible to play on one team during the season.

**Eligibility/Grade Requirements: All players MUST maintain a GPA of 2.5 during the season (which includes pre-season conditioning) until the last scheduled game in order to be eligible to play on the team. Should the GPA go below 2.5, the player will be suspended from play and practice until the required GPA has been re-established.**

Child's Name: \_\_\_\_\_ Grade & Teacher: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Shirt Size (circle one): YS YM YL AS AM AL AXL AXXL

Child's Limitations/Pertinent Health Conditions (please provide doctor note documenting health condition and required medical care if necessary: \_\_\_\_\_

**Parent/Guardian Info:**

Parent/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

EmailAddress: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

EmailAddress: \_\_\_\_\_

**Emergency Contact Info (other than parent)**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**AUTHORIZATION AND RELEASE:**

**Medical Treatment:** In the event I cannot be contacted, I give permission for my child to receive emergency medical treatment by qualified medical personnel, and if needed, to be transported by ambulance or car to an emergency medical center for treatment. I further consent to the disclosure of any and all health information deemed immediately necessary for evaluation, and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician in a hospital when deemed immediately medically necessary or advisable by the physician to safeguard my child's health.

**Release from Liability:** Recognizing that SCCAA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in youth sports activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release Pineapple Cove Classical Academy, SCCAA, volunteers, independent contractors, directors and contributing agents of the activity, from all liability based on any damage, loss, or injury of ordinary negligence or otherwise, caused to my child or to me, from participation in the youth sports program.

I have read and understand the above and have completed this form to the best of my ability. I also support teamwork, fair play, family involvement and volunteer leadership.

**Signature of parent or legal guardian:**

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