



MORTON HIGH SCHOOL FALL BASKETBALL LEAGUE REGISTRATION FORM

Players' Name: _____

Grade for 2017-2018 School Year: _____

Parent/Guardian's Name: _____

Email address: _____

Cell Phone: _____

PLEASE CIRCLE PROPER CHOICES BELOW

Boy or Girl	Age _____	Player t shirt size: Youth Small	Youth Medium
		Youth Large	Adult Small
		Adult Medium	Adult Large
		Adult X-Large	Adult XX-Large

Did your child participate in any of our summer camps this year? _____

Does your child have any medical conditions/allergies that we should be aware of?

Follow @mortonbkbq on Twitter and like Morton Lady Panthers on Facebook for important updates and information.

Fees to accompany form: \$35 per child

PARENTAL CONSENT AND WAIVER OF LIABILITY

I consent to, and give permission for, my child to participate in the Morton High School Fall Basketball League. I have no knowledge of any physical impairment that would be affected by my child's participation in the basketball program. I further agree to waive all liability of the Morton High School, its representatives, coaches, team coaches, school district and any other participant, for any accident, injury, illness or other mishap which might befall the individual named on this registration while traveling to or from, or during their participation in the basketball program, whether or not such liability, claim, damage, loss or expense is caused in part by the negligence of any person, including any negligence by or on behalf of the Basketball Program, its agents and specifically including any defects in the condition of the property of the Basketball Program or the condition of its maintenance. **I consent (yes ___ or no ___) to emergency medical care for my child in case of sickness or injury, and any actual charges made for such care.** I agree to abide by the rules and regulations as set forth by the Basketball Program for my child's participation, and that each player will be responsible for himself, his insurance and his equipment. I acknowledge that I have freely and voluntarily entered into this Agreement and that I have read and understand this agreement in its entirety.

I hereby give my consent for the above child to participate in the Morton Fall Basketball League.

Parent Signature _____ Date: _____

MORTON HIGH SCHOOL
FALL BASKETBALL LEAGUE
INFORMATION

Who: 3rd, 4th, 5th, & 6th Grade Boys and Girls

Each team would be coached by two Varsity girls' basketball players. Remaining varsity players not coaching a team would assist by keeping the clock and book as well as helping in the concession stand. We will have a separate girls league and boys league if possible.

How much: \$35 per player, Admission for Parents: \$2

This would cover the cost of team t-shirts and operations of the league. The league would include *approximately* 5 team practices, 8-12 regular season games, and a tournament. Certificates would be awarded for all players for successful completion of the league and individual trophies given to tournament champions.

When: Practices would begin mid-September and games would go through September-October. A schedule will be release once school begins and we have a total number of participants.

How to register?

Return this form to the school's
office or go to

[https://mortonfallyouthbasketball
league.eventbrite.com](https://mortonfallyouthbasketballleague.eventbrite.com) and reserve
your spot today!

Payment will not be due until mid-August. We will send out additional forms and reminders when school starts again. Early registration helps us get started organizing sooner.