

ORION YOUTH BASKETBALL LEAGUE

Registration Form Girls & Boys Grades 1st – 6th



Teams are formed by grade: **Girls** - 1st & 2nd grades, 3rd & 4th grades, and 5th & 6th grades

(Games played late October to early December)

Boys - 1st & 2nd grades, 3rd & 4th grades, and 5th & 6th grades

(Games played late January to early March)

DEADLINE: Friday, September 19th Complete one registration form for each child

For additional information, contact Ray Castellano at (309) 350-1322



Child's Name _____ Male _____ Female _____

Grade _____ Home phone _____ Cell phone _____ Text Y / N

Address _____ City _____ State _____ Zip _____

Email _____

Parent/Guardian name (please print) _____

T-shirt size (circle one): Youth S – Youth M – Youth L – Adult S – Adult M – Adult L – Adult XL

ATTENTION - Volunteers are needed; please mark below if you are able to help in these areas:

_____ coach a team _____ assistant coach

Waiver of Liability

I, the undersigned parent or guardian of _____, agree on my applicant's behalf, that the Orion Youth Basketball and all individuals associated with the league or participating in the league's programs in any capacity whatsoever, will not be liable for any injuries, or causes of action of any kind arising out of my applicant's participation in such programs, and hereby release the league and all individuals from all such claims or liabilities.

Signature of Parent/Guardian _____ Date _____

Waiver of Insurance

I, the undersigned parent or guardian of _____, hereby inform the Executive Board, Orion Youth Basketball, that we have adequate medical insurance to cover our son/daughter while engaged in basketball practices, basketball games, or any other activities of the Orion Youth Basketball. We further inform the Executive Board of the Orion Youth Basketball, that we will not hold it responsible for ambulance, hospital, or other medical expenses incurred should our son/daughter be injured in basketball practice, basketball games, or any other activities of the Orion Youth Basketball.

Signature of Parent/Guardian _____ Date _____

DEADLINE: Friday, September 19th - \$40.00 for the first child and \$30.00 for each additional child in the family. Please make checks payable to **Orion Youth Basketball**. Please fill out one form for each child.

Mail bottom portion of form to:

Orion Youth Basketball
c/o Raymond Castellano
508 13th Avenue A
Orion, Illinois 61273

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