

ORION PRIDE BASKETBALL

Registration Form Girls Grades 3rd – 6th Boys Grades 3rd – 6th

Teams are formed by grade. The Blackhawk College league runs for 8 weeks starting October 2025. The Bettendorf league runs for 7 weeks starting January 2026.

Cost of the team will vary based on the number of players on the team, but is estimated to be between \$90-115/player, if team plays in both leagues. This fee includes the cost of the leagues and the team jersey and will be collected by the coach.

Please complete one registration form for each child. **Deadline is September 19, 2024.**

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) _____

Jersey size (circle one): Youth M – Youth L – Adult S – Adult M – Adult L

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 _____

Mail bottom portion of form by September 29th to: (Do not pay at this time)

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