



OGS PTO Youth Basketball 2017



Oakwood Youth Basketball will be for 8 weeks beginning January 13, 2017-March 2, 2017. Students who are currently in 1st – 4th grade are eligible to participate in this intramural program. Focus will be on the fundamentals of basketball and sportsmanship. Practices will likely be held on Friday nights in the OGS gym with exact times to be announced later. Games will be held on Saturday mornings.

The fee to participate is \$35.00 and this includes 1 t-shirt. Checks should be made payable to **OGS PTO**.

Registration forms that includes the insurance waiver and payment must be turned in to the grade school office by **Wednesday, November 23, 2016**.

Please be advised this year it is mandatory that parents work at least one hour in the concession stand or help coach.

REGISTRATION FORM

Student's Name: _____ Grade: _____ Boy/Girl (Circle One)

Teacher: _____

Parent / Guardian Name and Phone: _____

Email Address: _____

Secondary Emergency Contact Name and Phone: _____

I would like to be contacted for a possible coaching opportunity: Yes _____ No _____

Shirt Size (Circle One): *YOUTH-* YS YM YL *ADULT-* AS AM AL AXL A2XL

Extra T-shirts can be purchased for \$10.00 each.

QTY _____ Size _____

QTY _____ Size _____

Extra Shirt Total \$ _____

FEE \$ **35.00**

Total \$ _____

INSURANCE

Each participant must have insurance in order to play. Insurance can be purchased through the school for those not already covered. Forms are available in the grade school office.

REQUEST TO WAIVE INSURANCE

The undersigned parents of _____, a student in Oakwood Community Unit School District #76, request that insurance coverage for participation in athletic programs inducted by the school be waived with respect to said student, and in consideration of said waiver, the undersigned agree to indemnify and hold the school district and members of the board of education thereof harmless from any claim, demand, judgment, loss of expense, including attorney's fees in connection with injuries to the person or property of such student, either directly or indirectly, resulting in participation in any athletic program conducted by or under the supervision of Oakwood Community Unit School District #76, its agents, or employees. It is understood that a condition to granting this waiver shall be the furnishing of satisfactory evidence of insurance coverage against such injuries or damages obtained from a source other than through the school.

This is to certify that I have insurance coverage as follows:

Insurance Co.: _____ Name of Insured: _____

Does your insurance adequately cover medical and hospital expense due to loss by being an athletic participant? Yes _____

No _____ Exp. Date of Policy (if applicable) _____