**Grafton Hoops – Boys Basketball**

**2020 Developmental League – 1st-4th Grade**

The Developmental League provides boys in 1st-4th Grades the opportunity to play the game of basketball through organized practices and game play.  Each session players will participate in station work followed by games. Teams will be chosen after the first week, which will strictly be player evaluation during stations. Every week after that, teams will have the opportunity to work with different coaches during station work time, before getting together with their team coach and competing.

Sign up and payment is due by FRIDAY, DECEMBER 13th!

* LOCATION: John Long Middle School
* DATES: Saturdays - Jan. 4, 11 & 18th, Feb. 1, 8 & 15
* TIMES: 10-11 a.m. (1-2nd grade)

11:15 a.m.-12:15 pm (3rd-4th grade)

* Price: $35 per player, includes shirt(due by DECEMBER 13)

AFTER DECEMBER 13, COST is $40 per player, due to the rush shirt order.

**Please mail payment, registration and concussion forms by FRIDAY, DECEMBER 13 to:**

**Grafton Hoops, P.O. Box 81, Grafton, WI 53024**

**(Checks should be made out to Grafton Hoops)**

**THE DEVELOPMENTAL LEAGUE IS COACHED BY ENTHUSIASTIC PARENT VOLUNTEERS! Please consider volunteering as a coach to make this a great learning experience for the players.**

Questions? Please contact Boys D-League Coordinator: Dean Norton: tdnort01@gmail.com.

**BOYS GRAFTON HOOPS D-LEAGUE REGISTRATION FORM**

**Please fill out one set of forms for each child.**

**Player’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing this form, I commit to do my best, have fun, listen to my basketball coach, and attend at least 75% of the basketball practices.**

**Player’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Grade Level:\_\_\_\_\_\_\_\_\_\_\_\_**

**T-shirt size(circle): YS YM YL S M**

**Player’s School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(an email address is required as this is the primary source of communication, including for weather cancellations – please print legibly)**

**I would be interested in coaching: YES NO**

**VOLUNTEER COACH’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grafton Hoops – Boys Developmental League Waiver**

The undersigned states that he/she is parent/legal guardian of the player listed above. In consideration for my child being registered in the Grafton Basketball Program, I do hereby agree to indemnify and hold harmless from any and all claims or expenses, including all medical or legal expenses, against the Grafton Basketball Program, Grafton School District, and its advisors,coaches, agents, or employees of and from all liability for negligence causing any injuries or damages to me or my child, as a result of her participation in the Grafton Basketball Program (including any injuries or damages arising from tournaments/shootouts, games, practices, open gyms, clinics, leagues and camps. I understand that there are risks involved with basketball, which is a contact sport, and that my child may sustain injury while participating. I hereby declare that the information I have provided is true and accurate to the best of my knowledge. I have disclosed any or all medical or physical conditions which would affect my child’s ability to participate in basketball. I do hereby authorize the Grafton Basketball Program to secure emergency care, if necessary, for my child. I understand this agreement is binding on me, my child, my heirs, and assigns, to the extent permitted by law.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

Parent Agreement:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate healthcare provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon. Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Signature Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Athlete Agreement:
I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_