



HEISEY Winter 2018 BASKETBALL GIRLS & BOYS 1st and 2nd Grade

Season: **Registration begins November 20th, 2017.** All games will be played at GFPS and the Heisey on Mon, Tue, Thurs, & Friday. The teams will meet 2 times per week for minimum of 8 weeks. Teams do **NOT** meet on Wed., Saturday or Sunday. Everyone plays in every game and will learn fundamentals, fair play, sportsmanship and teamwork. **Season runs January 11th, 2018 through March 2nd, 2018.**

Equipment: Players will need to wear non-marking soled tennis shoes. Every player will receive a Heisey Basketball t-shirt and is theirs to wear proudly.

Teams: The Heisey staff makes every attempt to group athletes by gender, grade and their home SCHOOL unless special circumstances warrant otherwise.

Registration: **Registration deadline is December 22nd, 2017. The registration fee is \$65.00 per child plus \$10.00 for the Jersey, for a total of \$75.00.** The registration is non-refundable, non-transferable. Reduced *registration fees of \$35.00* are available through scholarships. Contact your school Principal for scholarship forms. Registrations that are received after December 22nd, 2017 **will be charged a \$10.00 late fee** and the registrants placed on teams with space available.

MAIL or DROP OFF forms with full payment to:
Heisey Youth Center 313 7th Street North, Great Falls, MT 59401 ** 453-1211

PARTICIPANT INFORMATION:

LAST NAME: _____ MI: _____ FIRST NAME: _____

ADDRESS: _____
CITY: _____

SCHOOL ATTENDING: _____ GRADE: _____ GENDER: M F

T-SHIRT SIZE: YOUTH: []S []M []L ADULT: []S []M []L []XL

CUSTODIAL PARENT(S) and/or GUARDIAN:

LAST NAME: _____ MI: _____ FIRST NAME: _____

LAST NAME: _____ MI: _____ FIRST NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

Relationship: _____ Home#: _____ Cell #: _____

Email: _____ Alternative Ph #: _____

VOLUNTEER. RIGHT. HERE.

The support of the parents, guardians, friends and family greatly increases the success of the Heisey Youth Sports Programs. We encourage you to participate by becoming involved as a Coach, Asst. Coach, Referee or Team Parent.

WE NEED YOU! Volunteer Today.

[] Coach [] Asst. Coach [] Referee [] Team Parent

**MAY YOUR CHILD BE RELEASED TO ANYONE OTHER THAN THE
CUSTODIAL PARENT(S) OR GUARDIAN: NO _____ YES _____**

If yes, please provide names and relationship to child:

EMERGENCY CONTACT IF PARENT(S) AND/OR GUARDIAN CANNOT BE REACHED:

(1) Last Name: _____ First Name: _____

Home #: _____ Cell #: _____ Email: _____

Daytime Phone #: _____ Relationship: _____

**** PHOTO ID WILL BE REQUIRED AT THE TIME OF PICK UP.****

CHILD'S MEDICAL AND SPECIAL CHALLENGES/NEEDS:

Physician or Source of Medical Care: _____ Phone #: _____

Special Challenges/Needs: _____

Disability (if any): _____

Behavioral Conditions (hyperactivity, etc.): _____

Dietary Restrictions/Modifications (if any): _____

Restrictions to Physical Activities (if any): _____

Allergies (to include, food, medications, grasses/molds, etc.) _____

Any other information that would be helpful in caring for your child:

CHILDS HEALTH STATEMENT:

I/We, the undersigned, understand that at a Heisey Youth Center'(HYC) Program(s) physical activity is a regular part of the program. To the best of my knowledge, my child is in excellent physical health and needs no restrictions (except what is listed under "special challenges/needs") from strenuous activity. If I have any questions regarding my child's health, I understand that it is my obligation to seek professional medical advice and to inform the HYC of any restrictions on my child's activities.

I agree to indemnify and hold the Heisey Youth Center and any cooperating agencies including The Great Falls Public School District involved in the activities and any of their servants, officials, or employees, free and harmless from any liability, loss, cost, or expense including attorney fees, which may result from participation in the activity. I agree that I am fully responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to the listed participant, and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I grant full permission to use photographs, videotapes, recording or any other record of this program for any public relations and/or marketing the Heisey Youth Center. By signing below, I agree that I understand and consent to this statement.

PARENT(S) AND/OR GUARDIAN SIGNATURE(S):

Date: _____

OFFICE USE ONLY					
Date RCVD _____	By _____	Cash/MO _____	Check# _____	Scholarship _____	File _____