

## 2018 Co-Ed Indoor Basketball Registration Form

Season: January 15, 2018 through April 4, 2018

All games/practices will be held in the Somers Elementary School Gymnasium

Register in person at the Village/Town office, 7511-12 Street, or mail form with payment to P.O. Box 197, Somers, WI 53171

(262) 859-2822; office hours are Monday-Friday 8:00am -4:30pm

\*\*\*PLEASE FILL OUT ONE FORM FOR EACH CHILD\*\*\*

|                            |                             |
|----------------------------|-----------------------------|
| CHILD NAME: _____          | BIRTH DATE: _____           |
| ADDRESS: _____             | GRADE (Fall of 2017): _____ |
| CITY/STATE/ZIP: _____      | SCHOOL: _____               |
| PHONE: _____               | MALE/FEMALE: _____          |
| PARENT E-MAIL: _____       | 2017 TEAM/COACH: _____      |
| PARENT/GUARDIAN NAME _____ |                             |

\*\*\* Any health limitations your child has should be provided immediately to the coach at the first practice/game. \*\*\*

Please check below the age group of your child:

- |   |             |                   |
|---|-------------|-------------------|
| <input type="checkbox"/> Minor League K/1 <sup>st</sup> Grade                       | (Monday)    | 6:00 pm - 7:30 pm |
| <input type="checkbox"/> Intermediate League 2 <sup>nd</sup> /3 <sup>rd</sup> Grade | (Tuesday)   | 6:00 pm - 7:30 pm |
| <input type="checkbox"/> Major League 4 <sup>th</sup> /5 <sup>th</sup> Grade        | (Wednesday) | 6:00 pm - 7:30 pm |

Please check box for shirt size. There will be no exchanging of shirts (shirts run small).

- |        |                                  |                                    |                                    |                             |
|--------|----------------------------------|------------------------------------|------------------------------------|-----------------------------|
| Child: | <input type="checkbox"/> S (6/8) | <input type="checkbox"/> M (10/12) | <input type="checkbox"/> L (14/16) |                             |
| Adult: | <input type="checkbox"/> S       | <input type="checkbox"/> M         | <input type="checkbox"/> L         | <input type="checkbox"/> XL |

Name of one other child you would like on your team: \_\_\_\_\_

Would you, as a parent/guardian, be interested in coaching?  Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Coach Adult Shirt Size: \_\_\_\_\_

|   |
|---|
| <b>FEES: SOMERS RESIDENCE \$45      NON-SOMERS RESIDENT \$55</b><br>All fees MUST be paid at time of registration. Checks should be payable to the Village of Somers. |
|---|

I HEREBY GIVE PERMISSION FOR MY CHILD, NAMED ABOVE, TO PARTICIPATE IN THE BASKETBALL PROGRAM. I GIVE MY PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY TREATMENT IN CASE I CANNOT BE LOCATED. AS CONSIDERATION FOR BEING PERMITTED TO PARTICIPATE IN ACTIVITIES SPONSORED BY THE VILLAGE OF SOMERS AND/OR USING EQUIPMENT OF SAID VILLAGE, EACH PARTICIPANT AGREES TO ASSUME ALL LIABILITY FOR INJURY AND/OR DAMAGE RESULTING FROM SUCH PARTICIPATION AND FURTHER AGREES TO HOLD THE VILLAGE OF SOMERS FREE AND HARMLESS ON ACCOUNT OF ANY ACT OF OMISSION OR COMMISSION OR NEGLIGENCE ON THE PART OF SAID VILLAGE OR THEIR OFFICERS, AGENTS, OR VOLUNTEERS.

**\*\*MEET YOUR TEAM NIGHT\*\***

Somers Village/Town Hall Auditorium, January 8, 2018 at 6:30 pm.

Parents and players will meet their coaches, receive their jerseys, roster list, and season schedules.

I hereby give permission for my child, named above, to receive emergency treatment in case I cannot be located.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Please call Fran Dibble, Somers Athletic Director, at (262)-859-2822, Ext 117, or email: [fdibble@somers.org](mailto:fdibble@somers.org) with questions.

**REGISTRATION DEADLINE: DECEMBER 12, 2017**

Coaches will contact parents to provide team names by January 5, 2018

Please be advised that this activity or equipment is NOT sponsored by the Kenosha Unified School District or its personnel.