



RICHLAND CENTER YOUTH BASKETBALL

Sponsored by Richland Center Parks, Recreation & Grounds Department

2016-17 Membership Application

Players may NOT participate in practice or games without a completed enrollment form and fees paid. Return forms and fees to the address below by **October 5th**, or bring it to the parents meeting that night @6:00pm, at the Community Center gymnasium.

League Fees: \$100.00 (Includes 10- RCYB Cards to sell @\$10 each)

Full Uniform Fees: \$50.00 (4th-5th graders) & \$95.00 (6th -8th graders)

FUNDRAISING:

- 1) Parents will be responsible for bringing baked goods or drinks & working shifts @concessions for the home tournament(s) that your child participates in. You may be responsible for more than one tournament, depending on your team's schedule. Your Tournament Director will contact you with information on what to bring and shift signups.
- 2) Sell all 10 of your Hornet Cards and your membership becomes FREE! It is your choice to sell, keep or toss these cards.

****You are responsible for purchasing a game uniform if you are a NEW player, if your jersey no longer fits, or has been damaged by use. If you have uniforms from last year that still fit and are in acceptable shape, you will not be required to purchase a new one.**

Checks made payable to: Richland Center Youth Basketball (RCYB), 450 S. Main Street, Richland Center, WI 53581

Participant Name	/	Gender	/	DOB	/	Grade	/	Coach's Name
Address		City		State		Zip		
Parent / Guardian Name(s)	/	Email(s)	/	Special Medical Concerns				
Home Phone	/	Cell Phone	/	Alt. Cell Phone				

Circle Warmup Size (\$10)

Unisex Sizing: YS YM YL
AS AM AL AXL A2XL

Circle Uniform Top Size (\$25/\$45)

Unisex Youth Sizing: YS YM YL
Ladies Sizing: LS LM LL LXL L2XL
Men's Sizing: AS AM AL AXL A2XL

Circle Uniform Shorts Size (\$15/\$40)

Unisex Sizing: YS YM YL YXL
AS AM AL AXL A2XL
(Youth style is above knee/Adult runs below)

Number choice (2-3 options for duplicate #'s) _____

Consent For Medical Treatment:

As the parent / legal guardian of the above named player, I hereby give my permission for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life limb, or well-being of my dependent. RCYB or the City of Richland Center Parks, Recreation & Grounds Department does not provide, nor cover any medical or hospital insurance for program participants. You are encouraged to obtain your insurance prior to taking part in the Youth Basketball activity.

Release Of Liability:

I/we the parents/legal guardians of the name registrant, agree that we, and the registrant, will abide by the rules of RCYBB. We recognize the possibility of serious physical injury associated with playing basketball. We hereby release, absolve, discharge, and/or otherwise indemnify the RCYBB, its sponsor, and all administration, coaches, officials, and associated personnel from any claim arising out of injury to my/ our child or transportation of my/our child to or from the game or practice, which transportation I hereby authorize. This release includes the City of Richland Center Parks, Recreation & Grounds Department and the facilities used by RCYB.

WIAA Concussion Policy:

As a parent or athlete, it is important to recognize the signs, symptoms and behaviors of a concussion. By signing this form you are stating that you understand the importance of recognizing these things. More information is available in the office.

Parent or Legal Guardian Signature

Date