

SOUTH METRO COMPETITIVE BASKETBALL LEAGUE



When: Weeknights, Starting January 14, 2019

Cost: \$450 per team

Deadline: December 28, 2018

1 Check per team

Return Form & Payment payable to:

Raymore Parks & Recreation

100 Municipal Circle (Mail)

227 Municipal Circle (Walk In)

Raymore, MO 64083

- ❖ 8 Game Regular Season
- ❖ Games played in South Metro Area locations
- ❖ Practices are not scheduled by the league
- ❖ Uniforms are not provided by the league
- ❖ Boys & Girls Divisions
- ❖ USSSA League

Circle Division: 3rd 4th 5th 6th 7th 8th

Divisions will be by grade, depending on number of teams per grade in each participating city, divisions may be combined based on need.

Circle Gender: Girls Boys

Team Name: _____

Head Coach: _____ Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Assistant Coach: _____ Phone: _____ Email: _____

I, the manager of the above named team, do hereby agree to release all liability and claims against the Raymore Parks and Recreation Department and agree to hold harmless any liability against said department, participating city or organization, any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, including participation in all related events. I understand that my team may be photographed for publicity purposes.

Manager's Signature: Date: _____ Date: _____

PLAYER REGISTRATIONS/SIGNATURE

Registration Deadline: December 28, 5:00pm

Liability/Waiver

I, the participant/guardian of a participant of the above named team, do hereby agree to release all liability and claims against the Raymore Parks and Recreation Department and agree to hold harmless any liability against said department, participating city or organization, any sponsoring organization, facility, instructor and any other party involved, due to injuries, accidents, negligence, or any other circumstances arising from participation in this program with respect to any time prior, during and after the activities, including participation in all related events. I understand that my team may be photographed for publicity purposes.

Parents, please sign and date for your player.

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

Name: _____ DOB (ex: xx/xx/xxxx): _____ Age: _____ Grade: _____

Player's Signature _____ Parent Signature: _____ Date: _____

For more information contact Raymore Parks & Rec at 816.322.2791