



BASKETBALL

YOUTH BASKETBALL LEAGUE

Boys and girls of all skill levels are invited to participate in a premier basketball league that focuses on skill development, team building, learning and fun. Each team will play a 8 game regular season schedule. Players will receive a game jersey and participation award. Practices will begin in December and held on weekday evenings. Games will begin in January and be shared with neighboring leagues. Home games will be held at Raymore-Peculiar Facilities located in Peculiar on Saturdays

\$90 per player

Register by Oct. 28th for a \$10 discount

Registration Deadline

November 11th

3rd/4th
5th/6th
7th/8th
Boys and Girls

Player First Name _____	Player Last Name _____	Grade _____	Birth Date <u> </u> / <u> </u> / <u> </u>	Age _____	Boy: _____
Primary Parent/Guardian (first / last) _____		Parent/Guardian (first / last) _____	Email address: _____		
Address _____		City _____	State _____	Zip _____	
Phone (home) _____	(Cell) _____	(Work) _____			
Shirt Size: (Circle One) YS YM YL AS AM AL AXL (School) _____					

Player Ability: Please rank your child's ability to play Basketball. It is important that you try to be as honest as possible.

- _____ 1) Very good at all aspects and/or Competitive Ball Player - # of Years _____
- _____ 2) Can do a little bit of everything, but not great at any one skill
- _____ 3) Average player, does what is asked to do, has a pretty good idea of how to play
- _____ 4) Still working on the skills, likes to play but has a hard time contributing in a game
- _____ 5) 1st year of playing organized Basketball or still learning a lot every time they practice or play games

Return Form – Mail or Drop-Off

Peculiar City Hall
C/O Parks & Recreation
250 S. Main Street
Peculiar, MO 64078

My family and I hereby waive and release the City of Peculiar and the Raymore-Peculiar School District from claims for damages and/or injuries incurred while participating in or as a spectator at a City sponsored event. We understand and agree that the School District offers no liability or medical insurance coverage to participants of City-sponsored programs held in School District facilities. I also agree, as a participant, or as the parent of a minor participant, to grant full permission to the City to use my name, photograph, videotape or recording for promotional purposes on activity flyers, newsletters, program guides and recreation related city-owned websites. All photographs, images or video material will be taken with City equipment and stored on City computers/servers. These things I authorize without obligation or liability to me or my family.

Parent/Guardian Signature _____	Printed Name _____	Date _____
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LEAGUE COACHES ARE NEEDED! Please indicate that you are interested in coaching or assisting by completing the information below.

All Coaches must pass a background check to be eligible to coach in any Peculiar Parks & Recreation League.

Coach's Name: _____ Day Phone: _____ E-Mail: _____