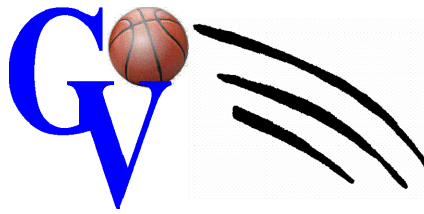


# GVBL Junior Hoopsters Winter 2011-2012

Great Valley Basketball League  
19 N. Bacton Hill Rd, Malvern, PA 19355  
Questions? E-mail [gvgirlsbball@aol.com](mailto:gvgirlsbball@aol.com)



For Office Only:  
Check #: \_\_\_\_\_  
Amount: \_\_\_\_\_

**Open to Girls and Boys (pre-K and Kindergarten) living in the Great Valley School District**

(**CHECK** which session(s) that apply to your registration)

**Session I (Dec. 6 – Jan. 17)**

**TUESDAY 10:00 - 11:15am**

**Session II (Jan. 31 – Mar. 9)**

**TUESDAY 1:00 - 2:15pm**

**WEDNESDAY 1:00 - 2:15pm**

**\$80 Registration Fee per Child per Session, Payable to GVCO**

Player's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Current Age: \_\_\_\_\_

Employer: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Playing Experience: \_\_\_\_\_

If different: Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

**GVBL is run by volunteers – 100%. Your contribution as a volunteer is:**  Asst. Coach  Cleaning  Team Parent  
 Fundraising  Misc. Help (i.e.: picture day, passive help at fund raisers, mail flyers, etc.)

## LEGAL REQUIREMENTS (DO NOT ALTER)

### I. INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The undersigned, parent/guardian of the above named youth, hereby give my permission for this youth to participate in all GVBL activities, including practices, games, tournaments, and travel to and from such events, sanctioned expressly or implicitly by GVBL or its authorized representatives. On behalf of this youth, I assume all risks and hazards incidental to such participation; I hereby release GVBL from any and all liability which may arise from any injury from whatever reason to the above named youth as a result of his/her participation. Further, in consideration of this youth's participation in the GVBL Program, I agree to INDEMNIFY and hold GVBL Affiliated Organizations, the Organizers, Sponsors, Supervisors, Participants, Coaches, Referees, Land owners and any persons transporting this youth to and from GVBL and related activities, HARMLESS for any claim for any injury, damage, loss, costs, and/or expenses of any kind arising out of this youth's participation in these activities, whether such damages are the result of negligence or for any other reason or cause. I also agree to reimburse GVBL or its authorized representatives for such damages incurred by them, on behalf of this youth. I also agree to discharge forthwith, on request of GVBL and its Authorized Representatives, each and every obligation or claim which shall be made, assigned or apportioned against GVBL or its authorized Representatives by any party by virtue of any injury or damage caused to \_\_\_\_\_ (Player's Name) absolutely.

### II. PHOTOGRAPH WAIVER

Great Valley Community Organization (GVCO) would like to post pictures to a photo gallery on the website, [www.GVCO.org](http://www.GVCO.org). In order to use a picture on the website, a photo waiver needs to be signed by the child's parent /guardian. Photographs taken may be used in future public materials (including but not limited to posters, brochures, advertisements, slide shows and the website).

By signing below I give permission to GVCO to use any and all photographs taken of my child (name), \_\_\_\_\_ for posting on the website or printed material. I hereby waive any rights or interests that I might have in any or all images.

### III. Medical Release

a) In the event of injury or sickness, I authorize GVBL Team representatives to transport and admit the above named youth to any convenient hospital or similar facility for emergency medical treatment. I authorize said Hospital to commence treatment.

b) The above named player has no known medical or allergies except as follows (if none, then the word "none" must be written in this space):  
\_\_\_\_\_

c) Further, undersigned parent/guardian hereby acknowledges adequate personal medical insurance coverage for the above named youth. No child will be permitted to play without providing to GVBL evidence of insurance coverage.

Health Insurance Policy No.: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For GVBL use only:** Boys Pre-K K Girls Pre-K K