

GVBL
Challenger Gym Program



Nov. – Dec. 2011

Great Valley Basketball League
17-19 Bacton Hill Rd., Malvern, PA 19355
610-935-4577

www.gvbl.org

Open to Students Living in the Great Valley School District
Session I Runs Thursdays from 4:30pm-5:30pm
Dates: November 3, 10, 17 and December 1, 8, 15, 22 of 2011

REGISTRATION DUE BY NOVEMBER 1, 2011

=====

Player's Name: _____ Parent/Guardian: _____
Address: _____ Birth Date: _____ Male ___ Female ___
City/State: _____ Zip: _____ School Name: _____ Grade: ___
Telephone: Home (____) _____ Cell (____) _____
Employer: Father _____ Mother _____
Parent's Email Address: _____
Playing Experience: _____
If different: Parent/Guardian: _____
Address: _____

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 and sessions, 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. 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** _____