

GRAFTON GIRLS JR BLACKHAWK BASKETBALL

DEVELOPMENTAL LEAGUE

The Grafton Girls' Basketball program is offering a winter developmental basketball league for girls playing at all skill levels that are currently in 4K through 6th grade. This league is structured to develop the girls' basketball skills, as well as to emphasize sportsmanship and team work. We use lowered baskets and youth basketballs. Coaches will use skill stations and non-scored games to improve individual and team fundamentals. Sign up & HAVE FUN!

LOCATION: John Long Middle School (Big Gym) - 700 Hickory Ave, Grafton

DATES: Saturday afternoons, January 4, 11, 18, February 1, 8, and 15

TIMES: 1:15-2:00 pm (4K, Kindergarten, and 1st Grade) 2:15-3:00 pm (2nd Grade- 6th Grade) FEE: \$20.00

REGISTRATION: Each time slot is limited to the first 40 participants. Priority registration will be given to girls zoned to the Grafton School District until December 1st. It is suggested that you sign up early as any registrations beyond the first 40 girls will be waitlisted. Confirmation of time, as well as team placement and coach assignments will be sent the first week of January.

THIS DEVELOPMENTAL LEAGUE IS COACHED BY ENTHUSIASTIC PARENT VOLUNTEERS!!!! Please consider volunteering as a coach to make this a great learning experience for the girls.

Questions, requests, or suggestions? Please contact Bryan Holman, Girls D-League Coordinator at anajoydad@gmail.com or 414.254.0527

GIRLS JUNIOR BLACK HAWK D-LEAGUE

REGISTRATION FORM

Please fill out one set of forms for each child.

Girl's Name: _____

By signing this form, I commit to do my best, have fun, listen to my basketball coach, and attend at least 75% of the basketball practices.

Girl's Signature: _____

Grade (please circle): 4K / 5K / 1 / 2 / 3 / 4

Player's School: _____

Special Requests: _____

Parent/Guardian Name: _____

Phone: _____

E-mail Address: _____

(an email address is required as this is the primary source of communication, including for weather cancellations - please print legibly)

I would be interested in coaching: YES NO

VOLUNTEER COACH'S NAME: _____

The undersigned states that he/she is parent/legal guardian of the player listed above. In consideration for my child being registered in the Grafton Basketball Program, I do hereby agree to indemnify and hold harmless from any and all claims or expenses, including all medical or legal expenses, against the Grafton Basketball Program, Grafton School District, and its advisors, coaches, agents, or employees of and from all liability for negligence causing any injuries or damages to me or my child, as a result of her participation in the Grafton Basketball Program (including any injuries or damages arising from tournaments/shootouts, games, practices, open gyms, clinics, leagues and camps. I understand that there are risks involved with basketball, which is a contact sport, and that my child may sustain injury while participating. I hereby declare that the information I have provided is true and accurate to the best of my knowledge. I have disclosed any or all medical or physical conditions which would affect my child's ability to participate in basketball. I do hereby authorize the Grafton Basketball Program to secure emergency care, if necessary, for my child. I understand this agreement is binding on me, my child, my heirs, and assigns, to the extent permitted by law.

PARENT SIGNATURE: _____

DATE: _____

Checks should be made out to "Grafton Girls Basketball" and returned with the registration form and concussion agreement (see below)

Please send forms to **Bryan Holman ~ Grafton Girls D-League Registration, 435 Michael St. Belgium, WI 53004**

Please read the concussion info at the following Wisconsin Department of Public Instruction website: <http://sped.dpi.wi.gov/sites/default/files/imce/sped/pdf/tbi-conc-factsathletes.pdf>

PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. Parent Agreement:

I _____ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____

Date _____

Athlete Agreement:

I have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate healthcare provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature _____

Date _____