



2010 FALL BASKETBALL

Sundays,
September 12—October 24

For Grades 2—High School
Boys and Girls

- Team Entry Fee: \$475 for 7 games
- DEADLINE: Wednesday, September 1
- Competitive & Rec leagues, if sign-ups warrant
- Limited space, ***so don't delay!!!***
- Awards to top two teams in each league
- Certified officials
- Entry by team only; no individual sign-ups
- No geographical restrictions on team composition
- 9' goals for 2nd grade
- Practice time not included as part of fee

GRADE: _____ GENDER: _____ PLEASE SPECIFY: COMPETITIVE RECREATION

COACH NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME TELEPHONE _____

WORK TELEPHONE _____

MOBILE TELEPHONE _____

EMAIL ADDRESS _____

ROSTER:

1. _____ 7. _____

2. _____ 8. _____

3. _____ 9. _____

4. _____ 10. _____

5. _____ 11. _____

6. _____ 12. _____

WAIVER FORM ON PAGE 2 MUST BE COMPLETED FOR EACH PLAYER AND SUBMITTED TO LEAGUE OFFICE PRIOR TO GAME PARTICIPATION.

Great American Basketball League

6740 Antioch, Suite 250 Merriam, KS 66204 913/236-8833 Fax: 913/236-9188 Website: www.gabl.net

GABL FALL LEAGUE REGISTRATION FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the Great American Basketball League.

I understand that there are certain risks inherent in the sport of basketball, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is capable of participating in the sport of basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

Please list any physical limitations (allergies, hearing, sight, etc.) _____

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Great American Basketball League, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the activities incidental thereto, whether the result of negligence or any other cause.

In the event of any accident or injury to my child and subsequent determination that emergency medical treatment is necessary, I hereby authorize the GABL, staff and/or coaching staff to admit said child to the nearest medical treatment center, and place him/her under the care and treatment of the attending physician.

I also authorize GABL to take photographs and to use, at its discretion, any photographs taken and waive any and all claims resulting from any such photographs or reproductions.

_____ Name of Participant	_____ Home Telephone
_____ Home Address	_____ City/State/Zip
_____ Current (2010-11) Grade	_____ Fall League Coach Name
_____ School Player Attends	_____ High School Attendance Area
_____ Parent Printed Name	_____ Parent Signature
_____ Date	
_____ Parent Daytime Phone Number	_____ Parent Email Address

**FALL LEAGUE FEE: \$475 PER TEAM
NO INDIVIDUAL REGISTRATIONS ACCEPTED**

PAYMENT INFORMATION

CASH _____ VISA/MASTERCARD/DISCOVER _____ EXP. DATE _____
CHECK # _____ NAME ON CREDIT CARD _____