



The Pearl City Basketball Association (PCBA) in cooperation with The Pearl City Park District, invite all students in the Pearl City Park District to sign up for the upcoming "Basketball Program".

Enrollment will be split into groups as follows:

- 1st – 2nd grade boys / 1st – 2nd grade girls
- 3rd – 4th grade boys / 3rd – 4th grade girls
- 5th – 6th grade boys / 5th – 6th grade girls

Cost is \$10 per participant, payable to PCBA

PCBA is a non-profit group that wants kids to learn the basic fundamentals of basketball and have a good time while they are learning.

Grades 1-4 will start practice the first week in October and continue until Saturday November 21. Their program will end with a parent observation on November 21 and a possible exhibition game at half time of a high school game if dates allow. Each individual who signs up will be contacted as to the practice schedule.

Grades 5-6 will not start practice until the first week in December. They will participate in a regular schedule of games against other teams and complete their season in late February.

There will be no sign up night. The attached form needs to be completed and either mailed to Ron Johnson, PCBA, P O Box 67, Pearl City, IL 61062 or dropped off at the school office before Wednesday, September 16, 2009. This information is needed by that date in order to plan for the number of participants. If parents have any questions or would like to assist, please contact Ron Johnson at 291-3400 or 864-2749. Coaches will contact parents to let them know when and where practices will be held.

Name of child: _____ Grade _____ Sex: M or F Size of T-shirt (circle one) Youth: S M L XL (or) Adult: S M L XL

Parent(s) Name: _____ Phone _____

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Parent(s) Name: _____ Phone _____

PARTICIPATION AND MEDICAL AUTHORIZATION FORM:

This acknowledges that we, the undersigned, parent(s) or legal guardian(s) of _____ (Name of Participant) recognize the potentially hazardous nature of PCBA and PCPD (Pearl City Park District) activities and the sport of Basketball that an injury might be sustained. These injuries include, but are not limited to, serious bodily harm, permanent disability, blindness, paralysis and death. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to a qualified and licensed physician, healthcare provider, and/or hospital to render such treatment as would be normal and agree to pay the usual charges for such treatment. We (I) release PCBA and PCPD, its administrators, and their respective assigns, from any personal injuries caused by or having any relation to this activity. We (I) understand that this release applies to any present or future injuries or illnesses and that it binds my heirs, executors and administrators. This release and authorization form is completed and signed of my own free will and with full knowledge of its significance. I have read and understand all of its terms.

Parent or Guardian:

Name Printed Signature Date

Emergency Contact:

Name Address Phone