

SATURDAY MORNING BASKETBALL REGISTRATION FORM

COST: \$30---Registration, GRADES (K-5 BOYS/GIRLS) (includes t-shirt toward the end of SMB) checks payable to Breckinridge County Board of Education

NEED: SMB REGISTRATION FORM (this form) ---located on all BC elementary, middle, high school’s website

NEED: UPDATED PHYSICAL

NEED: SIGN “RELEASE OF LIABILITY FORM”, located on back

WHEN: SMB will start Oct. 13th—Nov. 10th-----all at BCHS GYM

CONTACT: Patrick.critchelow@breck.kyschools.us, best form of contact!!!!

*****Forms, physicals, and money due October 12thsend all to:**

BCHS
Patrick Critchelow--SMB
2019 E. Hwy 60
PO Box 10
Harned, KY 40144

******I’ll send a SMB SCHEDULE BY EMAIL OR CALL PARENTS**

I understand that it’s my responsibility as a parent/guardian to be supportive of my son/daughter and their teammates and the other kids participating. I also understand that the people who are helping run the SMB program have only the best interest of the kids at heart and are volunteering their time to help your son/daughter to become a better player. By signing below I acknowledge that I have read and understand the above information and am willing to abide by those terms in order for my child to participate in the SMB program.

Player’s Name _____ Grade _____ Male or Female
School _____

(Circle one) Adult size S M L XL XXL
OR
Child size S (6-8) M (10-12) L (14-16)

Parent’s signature: _____ Cell phone: _____
2nd phone #: _____

Email address for future SMB forms: _____

(Coaching staff only: \$ _____ Physical _____)

**Breckinridge County High School: Agents, Officers, Volunteers, or Employees
Coach Critchelow**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT: By signing this agreement, you, your family and personal representatives give up the right to bring any action to obtain and remedy for injury to your son/daughter, damage to property of others or for your child's death, as a result of his/her participation in basketball practices or games for the Breck County Saturday Morning Basketball League.

ACKNOWLEDGEMENT OF RISK

I fully recognize and appreciate the dangers inherent in my child traveling to and participation in these activities. I hereby state that I have full knowledge of the dangers involved in these activities and agree to assume all risks/responsibilities associated with his/her participation in these activities.

AGREEMENT TO RELEASE FROM LIABILITY

I, the undersigned, do for my child and behalf of my family and personal representatives, hereby agree to forever release and hold harmless Patrick Critchelow, the BCHS, all trustees, officers, agents, and employees for any and all liability arising from any claim, demand, or cause of action of any nature for:

- Personal injury to my child/others
- Damage to my child's personal property or others
- My child's death

As a result of my child's participation in basketball activities, or caused by conduct, whether negligent or grossly negligent, of Patrick Critchelow, BCHS, any of its agents/employees.

I certify that my child is in good health and that my child has no physical limitations that would preclude him/her from participating. I fully understand that the terms of this agreement are legally binding and that I am signing this agreement after having completely read it.

Print child's name: _____

Print parent's name: _____

Signature of parent/guardian: _____

Date: _____