

# **2023-2024 Juniata Elementary Boys' Basketball**

**GRADES: 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup>**



## **SIGN-UP SCHEDULE:**

**Elementary Boys' Registration and Parent Information**

**Wednesday, October 11<sup>th</sup> from 6:00 PM to 7:30 PM at JES**

**OR**

**Saturday, October 14.<sup>th</sup> from 9:00 AM to 10:30 AM at JES**

**One Parent/Legal Guardian MUST accompany player to the Registration and complete the Elementary Registration & Waiver Form as well as pay the Registration Fee of \$40.00 per player.**

Please have player's health insurance and medical information available when completing registration form.

**Please make checks payable to: *Juniata Boys' Basketball Booster Club***

**Players who register are guaranteed a t-shirt.**



**For questions, please contact Coach Ream at [ream@pa.net](mailto:ream@pa.net)**

# Juniata Elementary Boys' Basketball Program

## 2023-2024 Player Registration Form

Player Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_

Dad Cell #: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Name	Phone#	Cell#	Relationship to Player
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### Health and Medical Insurance Information

Are there any medical conditions that we should be aware of (allergies, asthma, etc.): YES or NO

If yes, please list: \_\_\_\_\_

## Waiver of Rights of Action:

(This must be completed by player's parent/legal guardian in order for player to participate.)

I \_\_\_\_\_ hereby give my permission, for my son, \_\_\_\_\_  
(Printed parent/legal guardian's Name)

to participate, as a player, in the Juniata Elementary Boys' Basketball Program.

I hereby waive any claims and exonerate Head Coach: Al Ream, all Asst. Coaches, and all Parent Volunteers of the Juniata Elementary Boys' Basketball Program, the Juniata High School, Tuscarora Junior High School, and Juniata Elementary School's Staff and Boys' Basketball Coaching Staff & Players, the Officers and Members of the Juniata Boys' Basketball Booster Club, and the Juniata County School District and Staff from any liability for personal injuries, and from any and all liability that may arise in connection therewith.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
Date

Amount Due: \$40.00 -- Amount Paid: \$ \_\_\_\_\_

Cash or Check Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Player's T-Shirt Size: \_\_\_\_\_ (please specify Youth or Adult, then size)

\*Player must be registered to be guaranteed a shirt. \*