



It's Time For.....

Duanesburg Youth Basketball Signups

- New name!! Same great program!!
- Open to girls & boys from 2nd thru 7th Grades(depending on signups.)
- Registration is: For members - \$60/player & \$110 max per family, & Nonmembers - \$85/player & \$140 max per family which includes warm up t-shirt. Uniform maintenance fee is also required.
- Season runs from November thru Mid-March. 2nd Grade season will run Nov thru Dec. This includes practices, games (regular season & playoffs.)
- All home games to be held @ **DACC or DHS**; practices @ **DACC or DES**.
- **Volunteers are needed for coaching, team parents, referees, home game concession, & fundraising.**
- Some travel is required for away games; most are played in the Capital Region. Furthest last season were Cooperstown & Schaghticoke.
- Home games are Saturdays or Sundays.
- Team space is limited, so please sign up ASAP. First come, first serve.
- Registration forms can be found @ www.duanesburgcyobball.com (See Handouts) or www.dacc.info.

○ ****DEADLINE FOR SIGNUPS IS 10/25/09****

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To sign up, please call the DACC @

895-9500 or go to www.dacc.info

**Duanesburg Youth Basketball
Player Registration Form**

Name: _____ Phone: _____
Address: _____
Email: _____
Date of Birth: _____ School: _____ Grade: _____

General Release: I CERTIFY THAT THE ABOVE NAMED PLAYER IS IN EXCELLENT PHYSICAL HEALTH AND IS CAPABLE OF PARTICIPATING IN STRENUOUS PHYSICAL ACTIVITY, I.E. BASKETBALL. I ALSO ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE PARTICIPATION OF THE ABOVE NAMED PLAYER IN THE BASKETBALL PROGRAM PROVIDED BY THE *DACC*, AND DO HEREBY WAIVE, RELEASE, AND ABSOLVE IT'S MEMBERS, COACHES, AND PARTICIPANTS FROM ANY CLAIM ARISING OUT OF INJURY TO MY CHILD.

Signature of Parent or Legal Guardian: _____ Date: _____

Medical Treatment Waiver: AS THE PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER, I HEREBY GRANT PERMISSION TO ANY AUTHORIZED COACH OR AUTHORIZED REPRESENTATIVE OF THE *DACC*, TO HAVE SAID PLAYER RECEIVE EMERGENCY MEDICAL TREATMENT IN THE CARE OF INJURY, AND IN THE ABSENCE OF THE PARENT OR GUARDIAN, TAKEN TO THE HOSPITAL SELECTED BY THE AFORE MENTIONED AUTHORIZED PERSONNEL.

Please list any medical information/problem(s) that the league/coach should be aware of:

Any Medication(s): _____

Physician: _____ Phone: _____

Preferred hospital in case of emergency: _____

Signature of Parent or Legal Guardian: _____

Parent's Receipt

Duanesburg Youth Basketball Player Registration Payment

Cost/Player-	Member-	\$60.00	(\$110.00 Max/Family)
	Non member-	\$85.00	(\$140.00 Max/Family)

Please make checks out to **DACC**

Cash Amount \$ _____ or Check amount \$ _____ (Choose one)

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