

**Trinity Christian Academy  
Pal Basketball 2019 Season**

Student's Name \_\_\_\_\_ Phone \_\_\_\_\_ Grade \_\_\_\_\_ M F

Student's Teacher Name \_\_\_\_\_

Check the group you wish to play in:

Kindergarten (Boys and girls) (8 ft. goal, 4 on 4) \_\_\_\_\_

Girls

Boys

1<sup>st</sup>- 2<sup>nd</sup> grade Girls (8ft goal, 5 on 5) \_\_\_\_\_

1<sup>st</sup> -2<sup>nd</sup> grade Boys(8ft goal, 5 on 5) \_\_\_\_\_

3<sup>rd</sup>- 4<sup>th</sup> grade Girls (9ft goal, 5 on 5) \_\_\_\_\_

3<sup>rd</sup> -4<sup>th</sup> grade Boys(9ft goal, 5 on 5) \_\_\_\_\_

Shirt sizes (please circle one) YS YM YL AS AM AL AXL

Please enclose a participation fee of \$40.00 made out to TCA. This **MUST** be sent in with your form. The season will begin their games on Saturday, January 5 and play through Saturday, February 23, 2019.

**REGISTRATION FORMS SHOULD BE RETURNED TO SCHOOL BY November 2, 2018.**

I, PARENT/GUARDIAN OF THE ABOVE NAMED STUDENT IN THE TCA PAL LEAGUE, HEREBY GIVE APPROVAL TO HIS/HER PARTICIPATION IN ANY ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE PARENT OF LOCAL LEAGUE ORGANIZATION, THE PERSONNEL OR OTHER LEAGUE REPRESENTATIVES TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE BOY/GIRL BECOME ILL OR INJURED WHILE PARTICIPATING IN THE LEAGUE ACTIVITIES AWAY FROM HOME, OR AT OTHER TIMES WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
DATE

Are there any medical conditions coaches or medical personnel should be aware of?  
\_\_\_\_\_

**If you would like to be a coach for your child's team please sign here. We need coaches for all teams. We encourage parents to serve in this position. Each coach will be required to complete a background check through the school at no expense.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

If you are willing to assist a coach for your child's team please sign here.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone number

Coaches: Draft date for teams will be Monday, November 5th at 6:00 pm in the main cafeteria. If you have any questions about PAL basketball, please email **JulieAnn Maddox at coachmaddox24@gmail.com.**