

**COSHOCTON YOUTH LEAGUE BASKETBALL
FOR GIRLS IN GRADES 3 THROUGH 6**

Dates: Practices will be in late December , January and February.
You will contacted by your coaches for times and dates.
Game Dates: January 8th, 15th, 22nd, and 29th , February 5th and 12th.
All Games will be played at Central Gym
Game Times: Games will be played from 1 pm to 4 pm

Deadline for Registration: Sign ups will be at Coshocton High School 1st
Floor outside Gym on November 30th from 6 pm
to 7:30 pm. Any questions please call Coach
Bowman at 610-4945. Forms can also be turned in
at each Elementary School before December 7th.

Cost: \$10 – Player receives a game T-shirt to keep !
Make checks payable to : Coshocton Lady Redskins Boosters

REGISTRATION FORM

I wish to enroll in the Coshocton Girls Youth Basketball League and abide by all rules and Regulations of the league. The director or anyone else connected with the Coshocton Girls Youth League will not be held responsible for accidents, medical, dental, or any expense incurred as a result of an accident. I hereby assume voluntarily any risk, accident, or injury to myself as a result of participation in this program. Also, I grant the right to administer all medical services that result from participation, including emergency and referral if necessary.

Please Print:

**Emergency Authorization
Information**

Player's Name _____

Parents' Name _____

Home Address _____

Parents' Home Phone _____

Work Phone _____

Medical Information

Player's Grade : _____

Are you allergic to any medication? Yes/No

Elementary School _____

Are you currently taking medication? Yes/No

Do you have Asthma? Yes/No

(Parent/Guardian Signature)

Do you have any medical problems
we need to know about ? YES/NO

Are you interested in Coaching? YES/NO

If yes to any of the above Please explain.

JERSEY SIZE: (ADULT / YOUTH) (Circle one)

S M L XL