



Tippecanoe Youth Basketball 2017-2018
Sponsored by Tipp-Monroe Community Services, Inc.
Registration August 14 – October 20 – 3rd-6th grade
Registration August 14 – November 23 – 7th-12th grade

Last _____ First _____

Address _____ Male _____ Female _____

City _____ State _____ Zip _____ Home Phone _____

Email _____

Grade _____ Age _____ Height _____ Weight _____

Child's Mothers Full Name _____ Cell _____

Child's Fathers Full Name _____ Cell _____

SHIRT SIZE YOUTH/ADULT SIZES: YM YL AS M L XLG 2X 3X T-SHIRT REORDERS ARE \$10.00 Did the Player participate in the 2016-2017 Season of TMCS Basketball? YES NO	
Fees 3rd thru 12th First Child \$70.00 Add'l Child \$65.00	Make check payable to: TMCS Mail to P.O. Box 242, Tipp City, OH 45371 or download forms at tmcomservices.org LATE FEE: \$10.00 after October 20 for 3rd-6th, November 22 for 7th-12th grade
(Get Involved! Be a Coach) Would you like to COACH _____ or ASSISTANT COACH _____ Were you a coach last year? YES NO Are you NYSCA Certified? YES NO if yes, what sport _____ Number of volunteer coaches will determine the number and sizes of teams	

<i>Player Evaluation</i>	<i>Coaches Meeting</i>	<i>Coaches NYSCA Cert</i>	<i>Office use only</i>
<i>Grade 3rd – 6th</i> <i>Saturday</i> <i>Nov. 11th</i> <i>9:00 am</i>	<i>Grade 3rd – 6th</i> <i>Wednesday</i> <i>Nov. 15th</i> <i>6:30 pm</i>	<i>Grade 3rd – 6th</i> <i>Saturday</i> <i>Nov. 18th</i> <i>8:00am-11:00 am</i>	<i>Date received</i> _____ <i>Check#</i> _____ <i>Cash</i> _____ <i>Team#</i> _____
<i>*Player Draft—Coaches Only</i> <i>Grade 7th – 12th</i> <i>Saturday</i> <i>Dec. 9th</i> <i>9:30 am</i>	<i>Grade 7th – 12th</i> <i>Wednesday</i> <i>Dec. 13th</i> <i>6:30 pm</i>	<i>Grade 7th – 12th</i> <i>Saturday</i> <i>Dec. 16th</i> <i>8:00am-11:00 am</i>	<i>Coach</i> _____ <i>Team#</i> _____

The above enrollee or legal guardian of said enrollee in consideration of the activity indicated hereby releases and discharges Tipp-Monroe Community Services, Inc., the City of Tipp City, the Monroe Township Trustees, and the Tipp City Exempted Village Schools and their agents and assignees from any liability whatsoever, and will hold them harmless from any judgment brought against them. Please note that photos taken at TMCS activities may be used in the Community Connection, social media and other publications.

SIGNATURE: _____ **Date** _____
 Parent/Legal Guardian

Tipp Monroe Community Services Parent's Sportsmanship Creed**Important! Parent's must read

- *Be a positive role model for my youth in sports.*
- *Display good sportsmanship. We support a program that builds character for the children in our community.*
- *Respect the school facility; no food/drinks allowed in the gym.*
- *Most of all praise your youth for small successes in order to build skills on those successes.*
- *I will remember that my attitude towards Players, Coaches and Referees is reflected in my youth's attitude. Profanity or other aggressive behavior will not be tolerated.*
- *I will treat all Players, Building Supervisors, Coaches and Referees, as I would like them to treat me and my youth—With Respect.*

I have read and agree to abide by the Parent's Sportsmanship Creed.

_____ Date _____ Signature of Parent

Print Name: _____

TIPP-MONROE COMMUNITY SERVICES, INC. EMERGENCY MEDICAL AUTHORIZATION

PART I GRANT TO CONSENT

PURPOSE: To enable parents to authorize emergency treatment for children who become ill or injured while under TMCS authority, when parents cannot be reached.

NAME: (Participant's) _____ AGE: _____
Last First

Contact Person: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr. (s), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of the two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Medical History: _____

Allergies: _____

Medications: _____

Physical Impairments: _____

Date _____ Signature: _____
Parent or Legal Guardian

Part II REFUSAL OF CONSENT

Do not complete if you completed Part I

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Tipp-Monroe Community Services to take no action or to _____

Date: _____ Signature: _____