

# YOUTH RECREATIONAL BASKETBALL LEAGUE

## Grant Co Boys Youth Basketball Grades K-5<sup>th</sup> Registration

Braves Website will be up and running soon: [www.leaguelineup.com/grantcountybravesbball](http://www.leaguelineup.com/grantcountybravesbball)

**Registration Deadline:** September 5<sup>th</sup> 2018

**League Dates:** Games begin Sept.22<sup>nd</sup>. Season consist of 8-10 games & Tournament (1and out). Practice Begins the week of September 10<sup>th</sup>. Coaches meeting Thursday Sept.6<sup>th</sup> 8:00pm GCHS. We will try our best to work around GC Rec soccer schedule. There may be an occasional weeknight game. K-1 will be instructional league play 10:30am-11:30am Saturdays. 2<sup>nd</sup>-5<sup>th</sup> grade boys games 12:30pm-7:30pm Saturdays. In **person registration Sunday August 26<sup>th</sup> GCHS 7-8:30pm**

**Registration Fee:** \$65 includes uniforms, Ref fees, and games

**Admission to games:** Adults \$2 Students \$1 Concessions will be sold

Please Complete Registration form and return to: GCHS Boys Basketball  
Grant Co High School, 715 Warsaw Rd, Dry Ridge KY, 41035  
Checks payable to: GCHS Boys Youth Basketball  
Questions email to: [joseph.utter@grant.kyschools.us](mailto:joseph.utter@grant.kyschools.us) or call 859-803-8813

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Player Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ **Volunteer Coach:** (circle one) Yes No Maybe

**Uniform size:** (circle one) Youth Small, Youth Med, Youth Large, Adult Small, Adult Med, Adult L, Adult XL

Guardian/Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I \_\_\_\_\_ give permission for my child \_\_\_\_\_  
to participate in the GCHS boys' basketball rec league. I verify that my child is good health and capable of physical activity. I will not hold coaches, Grant County Schools, or recreation league responsible for injuries that occur due to normal basketball activities. I fill follow GCHS rec league parent behavior agreement.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Without Volunteer coaches we can't have a Successful League. Please Volunteer to help support your kids. Contact Joe Utter about details 859-803-8813**