

COMSTOCK YOUTH SPORTS



Comstock Youth Girls Basketball

3rd - 4th - 5th - 6th Grade

w/ Delton-Kellogg, Galesburg-Augusta & Parchment
(Boys Season will take place in January & February)

Students that participate must be attending Comstock Public Schools.

Overview: This is a developmental league created to teach and emphasize fundamentals through practice and competition. Each district will host a minimum of one Saturday during the season. The grade range will be 3rd-6th and students that participate must attend the district in which they sign up.

Cost: \$30.00 per participant (registration fee includes a uniform t-shirt)
Practice Locations: Comstock Elementary, MS and HS depending on availability
Practice Days: To be determined - At least 1 practice per week
Team Draft: Week of October 24 - We will email a date/time/place by 8pm on Oct. 21
Team Practice Start: Week of October 31 - TBD after Draft Completed
Team Games: Saturday, November 12, 19 & December 3, 10, 17
More Information: Can be found at <http://www.comstockps.org/youthgirlsbball>
Questions: Call Justin Ansel at (269) 250-8711 or email justin.ansel@comstockps.org

Deadline to Register is Thursday, October 20.

Player Registration Form: Checks made payable to Comstock Athletics

- Mail to Comstock Athletics, Attn: Justin Ansel, 2107 N. 26th St., Kalamazoo, MI 49048
- Drop off to any Comstock Public Schools' Office.

Player Name: _____ Player Grade (Circle): 3rd 4th 5th 6th

School Player Attends: _____ Player Shirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL

Parent Name: _____ Parent Phone: _____

Parent Email: _____

Medical Conditions/concerns our staff should be aware of:

COACH Registration deadline for consideration is October 17.

Registration Fee Waived if you are chosen to be a coach. Ideally, we will need 2 coaches at each level.

Parent Name: _____ Parent Phone: _____

Parent Email: _____ Coach Polo Size: _____

Grade Interested in Coaching: _____ 3rd-4th Grade _____ 5th-6th Grade



Emergency Contact Information & Risk Warning

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

2nd Parent/Guardian Name: _____ Cell Phone: _____

Emergency Contacts:

(When attempts to contact parents are not successful and also who may pick up the child if needed.)

Emergency Contact 1 Name: _____ Phone: _____

Emergency Contact 2 Name: _____ Phone: _____

Emergency Contact 3 Name: _____ Phone: _____

Risk Warning:

As the parent/guardian of the above named child, I give permission for my child to be released from practices and games with the above listed emergency contacts when I am unable to do so or if I am not able to be reached on my above listed phone number.

I hereby authorize the coaching staff and directors to act for me in using the best judgment in any emergency requiring medical attention.

In consideration of my child's participation in Comstock sponsored athletics, I do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I assume; and that I agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against Comstock, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my child's participation in a Comstock sponsored sport.

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____