

# COMSTOCK YOUTH SPORTS



## Comstock Youth Boys Basketball

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

w/ Climax-Scotts, Delton-Kellogg, Galesburg-Augusta, Parchment & Vicksburg

**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.

**Practice Locations:** Comstock Elementary, MS and HS depending on availability

**Practice Days:** To be determined - At least 1 practice per week

**Team Draft:** Wednesday, December 21 at MS - 3rd-4th at 6-7pm, 5th-6th at 7-8pm

**Team Practice Start:** Week of January 9 - TBD after Draft Completed - Info Emailed by 8pm on Jan. 4.

**Team Games:** Saturday, January 21, 28 & February 4, 11, 18, 25

**More Information:** Can be found at [www.comstockps.org/youthboysbball](http://www.comstockps.org/youthboysbball)

**Questions:** Call Justin Ansel at (269) 250-8711 or email [justin.ansel@comstockps.org](mailto:justin.ansel@comstockps.org)

**Deadline to Register is Thursday, December 15.**

**Player Registration Form:** Checks made payable to Comstock Athletics

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

### Registration Fee - Choose one

\_\_\_\_\_ \$30 - Includes uniform shirt - Player Shirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL, AXL

\_\_\_\_\_ \$20 - My son will wear the shirt he wore last year - He has # \_\_\_\_\_. We need this # so we don't duplicate.

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

School Player Attends (Circle): Middle Elementary STEM

Parent Name: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Medical Conditions/concerns our staff should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**COACH Registration deadline for consideration is December 12.**

**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

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## Comstock Youth Boys Basketball

### Emergency Contact Information

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: \_\_\_\_\_