

2022-23 Butler Co Jr. Pro Basketball
Registration Form

Preschool – 8th grade

Basketball Participation Fee: \$50 for first child, \$40 for each additional child.

(Makes checks payable to Jr. Pro Basketball)

*******A physical is required to play*******

(Must be completed before player can start practicing)

Registration ends 12/2/22 -- Please register early!

Practice will start after Christmas break and games will start 2 weeks later.

We will play 8 weeks of games

Coordinator: Rodney McMillin (270)999-8034

First Name _____ Last Name _____ MI _____

Street Address _____ City, State _____

Grade _____ School Name _____

Siblings Playing? (Names/Ages) _____

Mother/Guardian

Last Name _____ First Name _____

Primary Phone _____ Do you text? _____

Father/Guardian

Last Name _____ First Name _____

Primary Phone _____ Do you text? _____

*Please indicate below who should be contacted about practices, games, changes, etc. If you would like to both be informed, just write both.

Medications: _____

Medical Conditions: _____

Family Physician: _____

Coaching: _____ I would be interested in volunteering to coach.

*Background check (cost \$50-through the board of education) and coaches training must be completed for all coaches.

* All coaches get a free team shirt. Shirt size _____

(Please fill out the back)

I/We the parents of the above student _____, hereby give my/our approval of his/her participation in these activities. I/We understand that participation in BC Jr. Pro, like all sports activities, carries with it certain inherent risks of injury. I also understand that program related activities may be scheduled at local facilities, such as MES, NBES, BCMS, and BCHS. I hereby release Butler County Jr. Pro Program and those affiliated with it, the coaches and volunteers, as well as all other cooperating facilities and members thereof from all liability whatsoever for any injuries or damages to any person or property in these facilities and activities. Also, I as a parent/guardian, when attending games or practices, will be a good role model to my child by demonstrating good sportsmanship, respecting officials, other players and coaches. I realize that I may be asked to leave for any demonstration of negative or unsportsmanlike behavior.

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Date _____

Please list person(s) who have permission to transport your child to/from practice:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Players Shirt Size: Youth size:

XS ___ S ___ M ___ L ___ Adult size: S ___ M ___ L ___ XL ___

Additional Shirt Orders: \$10 per shirt

Shirt Size: Youth size:

XS ___ S ___ M ___ L ___ Adult size: S ___ M ___ L ___ XL ___

*If you do choose to purchase any additional shirts for parents, please be sure to include that money with this form.

Received by: _____ Payment Amt: _____ Payment Date: _____

RETURN FORMS TO THE FRONT OFFICE OF YOUR SCHOOL OR YOU MAY DROP THEM OFF AT BUTLER COUNTY MIDDLE SCHOOL AS WELL.