



MOORESVILLE LADIES JUNIOR BASKETBALL

2010 LEAGUE REGISTRATION

Girls who will be in grades 1st thru 7th during the 2010/2011 school year and reside in the Mooresville school district or attend a Mooresville public elementary school are eligible to participate in the Mooresville Ladies Junior Basketball League (MLJBL) 2010 season. Please complete this registration and mail/return with the \$70 registration fee for the first daughter and \$30 registration fee for each additional daughter by August 21, 2010. The registration form must be completed in full for your registration to be accepted (parent/guardian signature is mandatory). Mail this completed form along with the registration fee to MLJBL, P.O. Box 254, Mooresville, IN 46158. Completed forms and fees may also be dropped off at Tri-County Sports or at the Newby Dome during the following open registration dates: Saturday, August 14 from 9am-11am; Monday, August 16 from 5:30pm-7pm; Saturday, August 21 from 9am-11am. A \$15 late fee will be assessed for all registrations received (post marked) after the registration deadline. Financial assistance may be available, but must be discussed with a board member.

Player's Name _____ **Birthdate** _____

Player's Address _____ **City** _____ **State** _____ **Zip** _____

Phone Number _____ **Emergency Contact Name & Number** _____

Email Address _____ **Years Played in League** _____

Grade 2010/11 School Year _____ **Elementary School Attending 2010/11 School Year** _____

Shirt Size for Player: **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

I hereby give my consent for my child _____ to participate in the MLJBL and agree that all coaches and other personnel associated with the MLJBL shall be held harmless and not liable for any injury whatsoever sustained by my child in the activities of the MLJBL. In the event of an emergency, I authorize the MLJBL, its Coaches or Representatives to secure first aid and/or the services of any qualified physician or hospital for my child and agree to assume all financial obligations connected herewith.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN PRINTED NAME _____

I am interested in occasionally volunteering to assist with the league **YES** **NO**

Please provide any known medical condition information with this registration _____

Comments _____

I would like to be considered to be a head coach (Print Name) _____

Mandatory coaches meeting and draft will be on Thursday, August 26.

I would like to be considered to be a board member (Print Name) _____

All potential coaches and board members will undergo a background check by the league.

I would like to sponsor a team (Print Sponsor Name) _____

Include \$150 with this form. Sponsorship includes name on t-shirts for team sponsored and recognition plaque.

For any questions, contact Kim Dinwiddie at (317) 341-0446 or moorevillegirlsbasketball@gmail.com.

Fees paid by: Cash Check # _____ For use by MLJBL Board Only Date Received _____ By _____ Grade _____