

**LSRC**  
**YOUTH BASKETBALL LEAGUE**  
**2008-2009**  
**K-8<sup>TH</sup> GRADE (BOYS AND GIRLS)**  
**(INSTRUCTIONAL LEAGUE)**

**EARLY REGISTRATION DEADLINE:** FRIDAY, NOV. 21<sup>ST</sup> BY 4:00PM  
**LATE REGISTRATION DEADLINE:** FRIDAY, DEC. 5<sup>TH</sup> BY 4:00PM  
**COST:** **EARLY REGISTRATION DEADLINE (NOV 21<sup>ST</sup>)**  
\$40.00 PER CHILD, 2<sup>ND</sup> CHILD \$35.00, \$100/family max  
**LATE REGISTRATION DEADLINE (DEC. 5<sup>TH</sup>)**  
\$45.00 PER CHILD, 2<sup>ND</sup> CHILD \$40.00, \$110/family max  
**STARTING DATE:** SAT. JAN. 10<sup>TH</sup> (10 GAME SEASON)  
**PLAYER EVALUATION:** SAT. DEC. 13<sup>TH</sup> (TIMES TBA AFTER DEC. 5<sup>TH</sup>)  
**COACHES MEETING:** TUES. DEC. 9<sup>TH</sup> OR THURS. DEC. 11<sup>TH</sup> AT 5:30PM AT WEST LAMPETER  
TOWNSHIP BUILDING  
"ALL COACHES SHOULD ATTEND 1 SESSION"

*BOYS AND GIRLS 5<sup>TH</sup> -8<sup>TH</sup> GRADE CAN HAVE UP ONE PRACTICE PER WEEK!!  
ALL CHILDREN RECEIVE A TEAM JERSEY AND AWARD AT END OF SEASON.*

**SEND REGISTRATION TO:**  
LSRC  
852 VILLAGE ROAD  
PO BOX 425  
LAMPETER, PA 17537  
464-5110

**NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BOY/GIRL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **RELATION:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MEDICAL INFORMATION:** \_\_\_\_\_

If you would like to make a donation to help another child play in the K-8<sup>th</sup> Grade Basketball League, please let us know the amount. Thank You. \$ \_\_\_\_\_

**T-SHIRT SIZE:**      **YOUTH-**      **SMALL MEDIUM LARGE**  
                                 **ADULT-**      **SMALL MEDIUM LARGE XLARGE XXLARGE XXXLARGE**

**PLEASE DESIGNATE AN AREA THAT YOU WOULD LIKE TO VOLUNTEER:**      **COACH**      **ASST COACH**

I understand the nature and the scope of the activity listed above and that there are risks and dangers associated with the activity. I understand that it is not the function of the Lampeter-Strasburg Recreation Commission, its employees, agents, operators, instructors, or volunteers to guarantee the safety of the participants with respect to this activity. I also understand that each participant has the responsibility to exercise due care in the performance of the activity for the safety of him/herself and the other participants. I also understand that it is the responsibility of the participant to provide him/herself with accident or medical insurance. In consideration of the participant being permitted to enroll in this activity, I hereby release indemnify and hold harmless the Lampeter-Strasburg Recreation Commission, its employees, agents, operators, instructors, and volunteers from any and all claims, demands, costs, charges, and expenses for harm, injury, damage, or loss which may be sustained by me the participant as a result of or relating to participation in this activity. In witness whereof I have executed this Liability Release as my own free act on this date.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please Check Your Municipality:**  
West Lampeter Township \_\_\_\_\_ Strasburg Township \_\_\_\_\_ Strasburg Borough \_\_\_\_\_ Non \_\_\_\_\_