



# TRAVELING BASKETBALL LEAGUE

7<sup>TH</sup> - 9<sup>TH</sup> GRADE

The Recreation Department will be offering a coed traveling basketball league for students. This league will be set up so that teams may compete against other local teams. Participants will expand on the basic techniques of basketball, while having fun in a recreational atmosphere. For those who want to continue playing basketball, they can join their community team and compete in this travel league.

Any student that lives in Norwalk and the surrounding area is eligible to register with the Recreation department teams.

**\*\*PROGRAM INFORMATION SUBJECT TO CHANGE AT ANY TIME - SEE WEBSITE FOR CURRENT COVID PROTOCOL/RESTRICTIONS\*\***

Grades:	7 <sup>th</sup> - 9 <sup>th</sup>
Practices:	begin early Dec., TBA by coach
Clinic:	Tuesday, Nov. 24 @ 5:30 (Ernsthausen Recreation Gym)
Games:	January & February
Fee:	\$34 Norwalk students/ members \$44 Out of town students
Late Fee:	\$5
Register:	10/12 – 11/8
Note:	Coaches & Sponsors will be needed



# Youth Basketball Traveling League

## Registration and Release Form

I hereby give my permission for \_\_\_\_\_ to participate in the Traveling League program that begins on Nov. 2020 and ends Feb. 2021. Additionally, I hold harmless and indemnify any and all rights and claims for damages and injuries against any City participating in the Traveling League, their City Administrations, Recreation Departments, City Schools, employees, representatives, instructors, officials, or sponsors of these groups while my child is participating in or attending a Traveling League practice or game.

### BASKETBALL TRAVELING LEAGUE EMERGENCY MEDICAL AUTHORIZATION

Participant's Name \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parents email \_\_\_\_\_  
School: \_\_\_\_\_ Shirt size: YL AS AM AL AXL  
Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_  
Relative or Other Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please place your initials on the appropriate line below:

\_\_\_\_\_ My child is covered by medical insurance  
Insurance Company Name \_\_\_\_\_ Group # \_\_\_\_\_ Policy Number \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ My child is **NOT** covered by medical insurance: I, the undersigned, will assume responsibility for any medical expenses he/she incurs during participation in any Traveling League practice or game.

In the event reasonable attempts to contact persons listed above are unsuccessful, I hereby give my consent for the administration of any treatments deemed necessary by Doctor \_\_\_\_\_ (preferred physician) or Doctor \_\_\_\_\_ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and the transfer of the child to \_\_\_\_\_ (preferred hospital) or any other hospital reasonably accessible. This authorization does NOT cover major surgery unless medical options of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**For your child's protection in case medical treatment is necessary, the following information is needed by any hospital or practitioner not having access to the minor's medical history:**

Any allergies: \_\_\_\_\_ Physical impairments: \_\_\_\_\_  
Medication being taken: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
Other patient facts to which physician or program staff should be alerted: \_\_\_\_\_

**I/WE HAVE READ AND FULLY UNDERSTAND ALL OF THE ABOVE PROVISIONS**

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant if applicable \_\_\_\_\_ Date \_\_\_\_\_

**\*\*NEW LAW - Sudden Cardiac Arrest video & waiver must be signed for player to participate.  
Visit our website for the link [www.norwalkrec.com](http://www.norwalkrec.com)**

### **VOLUNTEER COACHES needed - Please fill out the following information:**

NAME \_\_\_\_\_ PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ HAVE YOU BEEN CONVICTED OF A FELONY? \_\_\_\_\_  
COACHING EXPERIENCE \_\_\_\_\_  
WHAT STATES HAVE YOU RESIDED IN WITHIN THE LAST 10 YEARS? \_\_\_\_\_

I \_\_\_\_\_ give permission to the Norwalk Parks & Recreation Department to perform the necessary background screenings, which may include driving history, criminal conviction history, and general public history.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_