CONCORD  2019 -2020 YEAR

DEVELOPMENTAL

BASKETBALL LEAGUE Website: CDBLbasketball.com

*JUNIOR DIVISION* Twitter: CDBL6

 K – 2nd Grade

The Concord Developmental Basketball League (CDBL) is beginning its 20th year, and is excited to introduce JUNIOR CDBL this year. If you want to improve your basketball skills and have fun, you will be given the tools to do it.

JUNIOR CDBL is for Kindergarten, 1st and 2nd graders in the Concord School District. The league runs six weeks from January thru February. Sessions will be every Saturday mornings, typically ending by noon, primarily at the Concord Junior High School. The first half will be instruction and drills, followed by an officiated game

Enclosed you will find everything you need to join JUNIOR CDBL, including a registration form and a waiver form. Return the registration and waiver form by **November 30, 2019**, along with a check payable to CDBL and mail to JUNIOR CDBL-Tom Kavanagh 57113 Coppergate Dr., Elkhart, IN 46516. Or, you can attend the in-person **registration meeting Saturday November 23rd** at the Concord Junior High School at 12:30 pm. Use Door #12 on the North side of the school to enter. Space is limited and participation is on a first-come-first serve basis. Fees are $25 for the first participant and $20 for each additional sibling. The fee covers instruction, drills, and games, along with a reversible jersey. We will not run the league unless we get enough participants to make the teams.

Whatever your basketball dreams might be, JUNIOR CDBL can help you develop the tools to succeed. If you have any questions, please feel free to call Tom Kavanagh (320-7699), Anthony Roberts (361-1639), or Jim Burkert (329-3191).

**KEY DATES**

Registration meeting November 23rd Concord Junior High 12:30pm

Final date for sign up December 3rd

League starts January 11th Concord Junior High School

Final Day February 22nd Concord Junior High School

***See website for more information – CDBLbasketball.com***

 Mail Registration Forms to CDBL, 57113 Coppergate Dr., Elkhart, IN 46516

**2019/2020 JUNIOR**

***CONCORD DEVELOPMENTAL BASKETBALL LEAGUE***

***REGISTRATION FORM***

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Street City Zip**

**Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell – Father \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell-Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Shirt Size *(circle one):* YS YM YL Other \_\_\_\_\_\_\_**

 **Grade**   **Age**   **Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Please check if interested in coaching; commitment includes only the time at CDBL sessions

 Check if interested in becoming a CDBL Board member to help run the league.

 Corporate Sponsor for $100 to help with league costs and scholarships. Includes recognition at the awards presentation. Please include sponsor check with registration.

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 ***Checks payable to CDBL***

*\*\*Return forms and fee to CDBL, 57113 Coppergate Dr. Elkhart, IN 46516* ***OR*** *at the registration meeting at 12:30 p.m. on November 23, 2019 at Concord Junior High School.*

Fees are $25 for the first participant and $20 for each additional sibling.

 ***(See Back of Form)***

**For League Use Only:**

Paid Amt. CASH / CHECK Date received \_\_\_\_\_\_\_\_\_\_\_\_

 Mail Registration Forms to CDBL, 57113 Coppergate Dr., Elkhart, IN 46516

 ***2019/2020***

 **LIABILITY WAIVER FOR CONCORD DEVELOPMENTAL BASKETBALL LEAGUE**

I/We, the parents of the above-named child participating in the Concord Developmental Basketball League (CDBL), hereby give my/our approval to participate in any and all Concord Developmental Basketball League activities. I/We represent that my child resides in the Concord School District.

I/We, acknowledge that the sport of basketball, in general, and participation in the Concord Developmental Basketball League, specifically, can be a physically taxing activity and may result in serious injuries to participants. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Concord Developmental Basketball League, Concord Community School Corporation, their organizers, volunteers, sponsors, supervisors, employees, coaches, officers, directors and participants from *any claim* made by or on behalf of anyone arising from my/our child’s participation in Concord Developmental Basketball League, regardless of the nature of the claim.

I/We will furnish a certified birth certificate of the above-named candidate to league officials, upon their request. I/We will furnish a copy of family hospitalization/medical plan card, upon league official’s request.

 **Below provide the parent(s) name(s) with whom the child resides:**

 **Please print father’s name (first and last)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Please print mother’s name (first and last)**

Emergency contact phone number during League time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any physical limitations your child may have \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of family hospitalization or medical plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby grant medical authorities to administer emergency medical treatment to the above child in case I am not present and could not be contacted after a reasonable attempt.

Parent(s)/Guardian(s) Signature(s) below indicates a clear understanding and agreement of all information provided in this document:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signature Date