



CDBL

CONCORD DEVELOPMENTAL BASKETBALL LEAGUE



WWW.CDBLBASKETBALL.COM

2016 Boys Division

3RD, 4TH, 5TH, AND 6TH GRADE BOYS

Minutemen

CONCORD HIGH SCHOOL VARSITY COACH STEVE AUSTIN
DIRECTOR OF INSTRUCTION

The Concord Developmental Basketball League (CDBL) is beginning its 17th year. The league is designed around the instruction of Concord's varsity head basketball coach, Steve Austin. If you are a hard worker and a team player, we invite you to join Concord Basketball and be a part of a family and winning tradition.

The CDBL is for **third, fourth, fifth and sixth grade boys** living in the Concord School District. The league runs ten weeks, from November to February. Sessions will be every Saturday for two hours, primarily at Concord Junior High School. THIS PROGRAM IS MEANT TO SUPPLEMENT THE CONCORD ELEMENTARY BASKETBALL PROGRAM AND NOT CONFLICT WITH THE ELEMENTARY PROGRAM. The first hour will be instruction and drills, followed by an hour of official games. We will evaluate each player so that teams are matched as evenly as possible. All players have the opportunity to perform at a halftime of a Concord High School Varsity basketball game and practice with the varsity team. At the end of week ten, there will be a team tournament and awards ceremony.

Enclosed you will find everything you need to join the CDBL, including a registration form and a waiver form. Return the registration and waiver forms by **October 28, 2016**, along with a check payable to CDBL and mail to CDBL, 57043 Copper Cove, Elkhart, IN 46516. Or, you can attend our **parent information and registration meeting Thursday, October 20, 2016** at the Concord High School Activity Center at 7:00 p.m. Participation is on a first-come- first serve basis. Fees are \$40 for the first boy and \$25 for each additional brother. The fee covers ten weeks of instruction, drills, and games, along with a reversible jersey that the participant keeps.

Whatever your basketball dreams might be, the CDBL can help you develop the tools to succeed. If you have any questions, please feel free to call John Seddon (596-3249) or Mike Schoeffler (849-1216).

KEY DATES

INFORMATION & REGISTRATION MEETING	OCT. 20	CONCORD H.S. ACTIVITY CENTER
FINAL DATE FOR SIGN-UP	OCT. 28	
PLAYER EVALUATION	NOV. 5	CONCORD JUNIOR HIGH
LEAGUE STARTS	DEC. 3	CONCORD JUNIOR HIGH
FINAL TOURNAMENT AND AWARDS	FEB. 11	CONCORD JUNIOR HIGH

ADDITIONAL INFORMATION AVAILABLE ON WWW.CDBLBASKETBALL.COM

MAIL REGISTRATION FORMS TO: CDBL, 57043 COPPER COVE, ELKHART, IN 46516



CDBL

CONCORD DEVELOPMENTAL BASKETBALL LEAGUE



WWW.CDBLBASKETBALL.COM

2016 Boys Division REGISTRATION FORM

PLAYER NAME: _____

SHIRT SIZE
(CHECK ONE):

PARENT/GUARDIAN NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL: _____

PHONE: _____

CELL: _____

- YS
- YM
- YL
- AS
- AM
- AL

GRADE: _____ AGE: _____ DOB: _____ SCHOOL: _____

Please check if interested in coaching; time commitment is only at the CDBL sessions. No outside practices are required. **Without enough coaches, the number of teams and players will be limited.**

PARENT'S NAME: _____ EMAIL: _____

Please check if interested in becoming a CDBL Board Member. Your time commitment would be minimal. **Please remember that without volunteers there would be no league.**

Concessions help

PARENT'S NAME: _____ EMAIL: _____

Sponsor CDBL: Corporate Sponsorship cost is \$100 and includes recognition on instructional book and awards ceremony.

RETURN FORMS ALONG WITH REGISTRATION FEE TO CDBL, 57043 COPPER COVE, ELKHART, IN 46516 OR AT THE PARENT INFORMATION AND REGISTRATION MEETING AT 7:00 PM ON 10-20-2016 AT CONCORD H.S. ACTIVITY CENTER.

FEES ARE \$40 FOR FIRST BOY AND \$25 FOR EACH ADDITIONAL BROTHER.

FOR LEAGUE USE ONLY:

\$ PAID: _____

CASH

CHECK

DATE REC'D: _____

MAIL REGISTRATION FORMS TO: CDBL, 57043 COPPER COVE, ELKHART, IN 46516



2016 Boys Division

LIABILITY WAIVER FOR CONCORD DEVELOPMENTAL BASKETBALL LEAGUE

PLAYER NAME: _____

I/We, the parents of the above named child participating in the Concord Developmental Basketball League, 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 WITH WHOM THE CHILD RESIDES:

FATHER'S FIRST & LAST NAME (PLEASE PRINT): _____

MOTHER'S FIRST & LAST NAME (PLEASE PRINT): _____

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 the event that I am not present and could not be contacted after a reasonable attempt. Parent(s) and or Guardian(s) signature(s) below indicates a clear understanding and agreement of all information provided in this document.

SIGNATURE

DATE

SIGNATURE

DATE