

# 2019 LEAGUE REGISTRATION

To Register: Fill out the form below  
or Visit [CourtCitySports.com](http://CourtCitySports.com).



## PARTICIPANT INFORMATION

Date \_\_\_\_\_

1. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

☐ Male ☐ Female

Division: ☐ Dribbler ☐ Jr ☐ Rookie ☐ Pro ☐ Legend

2. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

☐ Male ☐ Female

Division: ☐ Dribbler ☐ Jr ☐ Rookie ☐ Pro ☐ Legend

3. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_

☐ Male ☐ Female

Division: ☐ Dribbler ☐ Jr ☐ Rookie ☐ Pro ☐ Legend

Teammate / Coach Request \_\_\_\_\_ (NOT GUARANTEED)

Shirt Size: ☐ YS ☐ YM ☐ YL // ☐ AS ☐ AM ☐ AL ☐ AXL (NO CHANGES ALLOWED)

Parent/Guardian Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I would like to volunteer for the following:

☐ Coach ☐ Scorebook ☐ Clock (Only 1 of each needed per team)

NOTE: Volunteer coaches must attend coaches' clinic. Coaches will be contacted with details.

### Please Choose A Session:

- ☐ Winter (Jan-Mar) ..... 2019  
☐ Spring (Mar-May) ..... 2019  
☐ Summer (Jun-Aug) ..... 2019  
☐ Fall (Aug-Oct) ..... 2019

Dribbler ..... Ages 6-8  
Junior ..... Ages 8-10  
Rookie ..... Ages 10-12  
Pro ..... Ages 12-14  
Legend ..... Ages 14-17

**REFUND POLICY:** Please register carefully. No refunds will be made 5 days prior to session tryout date. If requesting a refund prior to this date, please send an email request [chris@sportuuty.org](mailto:chris@sportuuty.org) or mail a written request. Any refund will incur a process fee. You will be refunded in full minus \$25 cancellation fee.

## PAYMENT INFORMATION

\_\_\_\_\_ Jr Divisions x \$125 = \_\_\_\_\_

\_\_\_\_\_ All Other Divisions x \$145 = \_\_\_\_\_

SUBTOTAL = \_\_\_\_\_

Early Bird Discount: \_\_\_\_\_ x \$10 = - \_\_\_\_\_

Volunteer Discount = - \_\_\_\_\_

TOTAL = \_\_\_\_\_

**FIND GAME TIMES &  
PRACTICE SCHEDULES AT**  
[CourtCitySports.com](http://CourtCitySports.com)

**QUESTIONS?**  
Contact Christine Liberty  
[chris@sportuuty.org](mailto:chris@sportuuty.org)  
941-944-9542

### I WOULD LIKE TO BE A SPONSOR

- ☐ Player ..... \$115  
☐ Team ..... \$325  
☐ Other ..... \$ \_\_\_\_\_

Other sponsorship opportunities are available. Please contact me for additional information.

*Donations benefit Sportuuty and are 100% tax deductible.*

- ☐ Check ☐ Credit  
☐ Paypal: email me an invoice

Payment Type: ☐ Check ☐ Credit ☐ Cash ☐ Paypal: please email me an invoice

Name \_\_\_\_\_ Zip \_\_\_\_\_

Card# \_\_\_\_\_ CVV \_\_\_\_\_

Exp. Date \_\_\_\_\_ Check# \_\_\_\_\_

**Please make check payable to Sportuuty** and mail or email completed form to [chris@sportuuty.org](mailto:chris@sportuuty.org) OR P.O. Box 21297, Bradenton, FL 34203.

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

Powered By

*Sportuuty*  
THE GIFT OF SPORT

All gifts to Sportuuty, Inc and are 100% tax deductible based on the organization's 501(c)3 charitable status.

## STUDENT-ATHLETE INTERNET RELEASE FORM

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

With my signature, I grant my permission to LIBERTY EDGE, to use my and/or my child's name and reproduce my and/or my child's photograph and visual image for marketing material, including, but not limited to, paper reproductions and computer images displayed on the LIBERTY EDGE or Marcus Liberty websites and associated social media accounts. This form releases LIBERTY EDGE from liability of any misconduct or misuse of the information provided by any person that is not a member of LIBERTY EDGE.

My child or I will not now, or any time in the future, receive any compensation or have any claim against LIBERTY EDGE for the use of my or my child's name or reproduction of pictures or visual images in its marketing material. I, the undersigned, am at least 18 years of age.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### MEDICAL RELEASE

I have given my child permission to participate in the Liberty Edge/Court City related events, and I certify that she/he is in good health, has been cleared by a physician and can take part in all physical activities, not limited to but including training, practices and games. I am aware of all laws, rules and safety procedures regarding head concussions. If an injury occurs, I authorize the staff members to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

I certify that I am the Parent and/or Legal Guardian of the above-named minor child. In the event of an injury or illness to the child in my absence, I hereby authorize emergency medical care and treatment from any licensed physician, hospital, or medical clinic. I also authorize the representatives of LIBERTY EDGE/COURT CITY (coaches, assistant coaches and members) to obtain any medical care as necessary.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### WAIVER & RELEASE OF LIABILITY AND FINANCIAL RESPONSIBILITY

I, \_\_\_\_\_, desire my child, \_\_\_\_\_, to participate in any LIBERTY EDGE/COURT CITY training, travel team or league. By my signature below, I acknowledge that participation in all activities, including, but not limited to, transportation via car, chartered vans or buses, inherently involves risk of physical injury to my child. I, on behalf of myself and my child, do knowingly and voluntarily assume the risk of those injuries, regardless of the severity, which may occur as a result of my child's participation in any training, games, tournaments or practices.

I certify that I am fully responsible for my child's participation in the activities of LIBERTY EDGE/COURT CITY, and release, hold harmless and forever discharge Liberty Edge, Marcus Liberty, its partners, directors, affiliates and their dba's, agents, officers, coaches, participants, volunteers, agents, sponsors, advertisers, facilities owners/leasers, persons transporting my child and employees from any and all claims, liability for bodily injury, property loss or damage, or wrongful death caused for any reason whatsoever, including negligence; gross or otherwise.

Further, I understand that this liability release and waiver of responsibility shall be effective as of the date hereof. It is my responsibility to ascertain whether my child has/have any health conditions that make it inadvisable for them to participate. I am informed that LIBERTY EDGE does not provide any medical, life or accident insurance for participants in its activities. LIBERTY EDGE strongly recommends that all participants be enrolled in a medical insurance plan in effect during the period of participation in any LIBERTY EDGE activity. I fully understand that I am personally responsible for all medical expenses, which I may incur as a result of treatment to my child received for injuries sustained by my child during their participation in LIBERTY EDGE/COURT CITY activities.

I am also informed that the participants in LIBERTY EDGE/COURT CITY activities may travel to activities in privately owned vehicles for which LIBERTY EDGE does not provide any insurance coverage. Further, when transportation is furnished voluntarily by me for the purpose of my child's participation in said activities, it is expressly understood that I will be solely responsible for any personal injury or damage to personal property of myself, passengers or other persons in traveling to and from any location necessary to participate in the activities. I understand that if my privately owned vehicle is used as transportation for my child or for other participants, I certify that my vehicle is covered under an insurance policy, which meets the minimum legal requirement in the state of Florida.

I agree to pay for all damages done by the above-named child, with the exception of normal use to buildings, equipment, supplies, and/or other property under the authority of the LIBERTY EDGE, or any organization whose property is used for LIBERTY EDGE basketball activities.

List any physical limitations or allergies (asthma, etc.): \_\_\_\_\_

\_\_\_\_\_  
Parent Name (printed)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date