

# Youth Basketball League

**Ages: 12U Boys**

**Registration: Oct 2nd- December 20th**

**Season Starts: Jan 13th**

**Fee: \$85/player includes jersey**

**All Games Played at**

**Tony Shotwell Life Center**



For More Information or to Register

Contact Ryan Garcia at

972-237-7533 or

Email: [rpgarcia@gptx.org](mailto:rpgarcia@gptx.org)

Registration fee can be made by cash,  
check, Visa, or MasterCard. Or Mail

Check to:

Tony Shotwell Life Center

**Attn: Ryan Garcia**

2750 Graham St  
Grand Prairie, TX 75050

*Make checks payable to:*  
City of Grand Prairie

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

**Age:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Jersey Sz** \_\_\_\_\_

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

**Interested in Volunteer Coaching:** Y \_\_\_\_\_ N \_\_\_\_\_

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

\_\_\_\_\_

**Main Phone #:** \_\_\_\_\_

**Alt Phone #:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_

Please read this form carefully and be aware that in signing up and participating in the use of the above program you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program. "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury or illness (including COVID-19) and I agree to assume the full risk of any injuries or illness, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program." "I agree to waive and relinquish all claims I may have as a result of participating in the program against the City of Grand Prairie and its officers, agents, servants and employees." "I do hereby fully release and discharge the City of Grand Prairie and its officers, agents, servants and employees from any and all claims from injuries or illness, including death, damage, or loss which I may have or which may accrue to me on account of my participation in the program." "I further agree to indemnify and hold harmless and defend the City of Grand Prairie and its officers, agents, servants and employees from any and all claims resulting from injuries or illness, including death, damages and losses sustained by me and arising out of, connection with, or in any way associated with the activities of the program. "I have read and fully understand the above Program Details and Waiver and Release of All Claims."

**Parent/Guardian Signature:** \_\_\_\_\_