

# Sign-Up Form

Student name: \_\_\_\_\_

Age: \_\_\_\_\_

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

Grade in the fall: \_\_\_\_\_

City, Zip: \_\_\_\_\_

Adult T-Shirt Size:

Circle one: S M L XL XXL

Make Checks Payable to:

Canton Local Schools with  
"Basketball Summer League"  
in the memo.

Return Application to:

Luke Conley  
Canton South High School  
600 Faircrest St. SE Canton, OH 44707

Please detach at the dotted line and send in with league fee

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**Parent/Guardian Release**

I hereby desire that my child, \_\_\_\_\_, who is in good physical health, participate in "Canton South Boys Basketball 6th-8th Grade Summer League." By the execution of this release, I acknowledge and agree that all requirements, directions, supervision, and standards set by the directors of this program shall be established for my child's benefit. I hereby voluntarily assume all risk of accident or injury to my child which may arise from his participation in this program, hereby intending to release the Canton Local Schools, Canton South Basketball, and the personnel associated with this program from liability.

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Please list any dates you are positive that your son will not be in attendance so we have enough boys per team, thank you.

