



**Gilmour Academy**  
**Big Shot Basketball**  
**Fall League**  
**Boys: Grades 3<sup>rd</sup> thru 9<sup>th</sup>**

- Ten game schedule – Saturday mornings & afternoons
- September 10, 17, 24 – October 1, 8, 15, 22
- Games played from 8:00 am - 6:00 pm – depending upon gym availability & team requests
- Gilmour Academy & additional venues as needed
- Cost: \$650.00 per team / \$95.00 per individual sign-up
- Competitive scheduling – requests honored
- No admission charge for spectators / scorekeepers provided

**Team Registration – Coach Information only**

-----  
Team Name \_\_\_\_\_ Grade \_\_\_\_\_

Head Coach \_\_\_\_\_

Address \_\_\_\_\_

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

Cell # \_\_\_\_\_

E-mail \_\_\_\_\_

Scheduling conflicts \_\_\_\_\_

Make checks payable to:

Big Shot Basketball LLC

Mail registration to:

Big Shot Basketball LLC  
32899 Walnut Drive  
Avon, OH 44011

\*\*\*Questions???

216.548.1313 / [otooles@gilmour.org](mailto:otooles@gilmour.org)



**Gilmour Academy**  
**Big Shot Basketball**  
**Fall League**  
**Boys: Grades 3<sup>rd</sup> thru 9<sup>th</sup>**

**Player Registration**

\*\*\*All participants, team or individual, need to complete this information\*\*\*

Player \_\_\_\_\_

Grade \_\_\_\_\_      Circle one:      Individual      Team

Note -- individual registrations can request teammates under "Special requests" below

Team Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_      Zip \_\_\_\_\_

Parent \_\_\_\_\_

Parent Cell # \_\_\_\_\_

E-mail address \_\_\_\_\_

Special requests \_\_\_\_\_

In consideration as my acceptance as a participant in the Big Shot Basketball Fall League, I do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for the damages which I have or which may hereafter accrue to me against Big Shot Basketball LLC, Gilmour Academy, or all its or their respective officers, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with said athletic competition. I have read the above statement, I understand it and my signature confirms its full acceptance. I attest and verify that I have full knowledge of risk involved in competition and I am physically fit and sufficiently trained to participate in this event. I authorize the directors to act for me according to their best judgment in any emergency requiring medical attention for which services I will pay.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMERGENCY INFORMATION:**      In the event of an emergency and I cannot be reached, call:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell # \_\_\_\_\_