

Dasher Basketball, Inc. • 6010 Preston Ln • New Berlin, WI 53151
2010 Incoming 5th-8th Grade Girls' Basketball Skill Session Registration Form

Please include a check, made payable to Dasher Basketball, Inc., for \$95 per child. Please use a separate registration form for each child. Return registration forms and fee to the address above in order to reserve a spot. Only 32 spots are available for each session – don't delay! (We **may** also grant requests for younger players to play up if the coaching staff agrees it is a good fit.)

Your registration fee includes the following:

- Ten 90-minute skill sessions on Monday evenings (May 17 through August 2 minus holidays), combining roughly 45 minutes of skills and drills and 45 minutes of small-side (1-on-1, 2-on-2, 3-on-3) competition (June and July sessions will be at DSHA; location of May and August sessions TBD)
- Reversible jersey

Choice of session:

Incoming 5th / 6th : 5:00-6:30

Incoming 7th / 8th : 6:30-8:00

Player's Name: _____ Age on 7/1/10: _____

Address: _____ Height: _____ Position(s): _____

City: _____ Zip: _____

Incoming Grade (as of Fall 2010): _____ Current School: _____

Parent/Guardian Name: _____

Best Phone Number to Reach You: _____

E-mail Address (**primary form of communication**): _____

Release and Waiver of Liability

I consent to my child's participation in all league-related activities, assume all the risks and hazards incidental to such participation, and here RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Dasher Basketball, Inc. (DBI), Divine Savior Holy Angels (DSHA), Saint Margaret Mary Parish, Saint Jude Parish, Saint Joseph Parish, and all of their agents, employees, and representatives from and against any claim, liability, or expense of any kind, which the undersigned may have or claim to have, known or unknown, directly or indirectly, individually or derivatively, for any losses, damages, or injuries arising out of, during, or in connection with said participation, caused by the NEGLIGENCE of the above parties, or as a result of any NEGLIGENT emergency medical care or treatment rendered in the event of an accidental injury. I consent to have my child given emergency medical care or treatment as needed until I can be reached and acknowledge and accept responsibility for meeting the cost of said medical care.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTY BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY AGAINST THE ABOVE PARTIES TO THE GREATEST EXTENT ALLOWED BY THE LAWS OF THE STATE OF WISCONSIN.

Signature of Parent/Guardian: _____ Date: _____

