

2010 Incoming 9th Grade Girls' Basketball Summer League Registration Form

Please include a check, made payable to Dasher Basketball, Inc., for \$195 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 with a DBI team. Only 30 spots are available – 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:

- Evaluation session for dividing teams equally – time and place to be determined (April)
- Parent/player/coach meeting – time and place to be determined (May)
- Uniform and placement on DBI team with DBI-assigned coach
- Monday skill sessions at DSHA, 8:00-9:30p from June 14 through July 26 (no July 5)
- Wednesday games at DSHA from June 16 through July 21 (10 games – 4 dates with doubleheaders)
- Thursday evening practices – time and place to be determined – late May/early June through July 17

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

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

City: _____ Zip: _____

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

I want my daughter to be placed on the same team as (one player only): _____

(Note that this request will be ignored UNLESS the other player requests your daughter as well)

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: _____

