Youth Basketball League

WHO: Boys and Girls in grades 1st - 6th

WHEN: Games will be played on Saturday mornings during these dates from 9am – 12pm

LEAGUES OFFERED:
- 1-2 Grade Boys (Jan. 7-Feb. 4, 2017) (due by Dec. 9)
- 1-2 Grade Girls (Jan. 7-Feb. 4, 2017) (due by Dec. 9)
- 3-4 Grade Boys (Jan. 7-Feb. 4, 2017) (due by Dec. 9)
- 3-4 Grade Girls (Jan. 7-Feb. 4, 2017) (due by Dec. 9)
- 5-6 Grade Boys (Oct. 22-Dec. 10, 2016) (due by Oct. 7)
- 5-6 Grade Girls (Oct. 22-Dec. 10, 2016) (due by Oct. 7)

- Cost is $55 (includes tax) per child, $5 discount for each additional child registered
- Coaches will be volunteer. Head coach’s first child will receive $10 discount, and each head coach can have one assistant coach. Assistant’s child will be placed on head coach’s team
- Skills Camp held prior to each season (Sat morning)
- Teams will be determined by a draft of head coaches
- Referees will be used for 3-4 grade and 5-6 grade divisions

Mail completed form with payment to:
Wellness Center, Rm. 102
414 East Clark Street
Vermillion, SD 57069
Office: 677.8804; Email: smayer@usd.edu

Player’s Information:
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<th>Last Name</th>
<th>First Name</th>
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Address
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Phone
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Boy       Girl       Birth Date: __/__/__

Grade (Current)

Parents’ Name:

E-Mail Address:

Coach’s Information (if you want to volunteer):
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Home Phone
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E-Mail Address:

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT
By our signatures below, we acknowledge that we are aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated and available at the University of South Dakota Wellness Center Department. Under certain circumstances, adopting an exercise program has some inherent risks. Completion of a Health History form is required to use the USD Wellness Center programs. A medical examination is encouraged prior to starting an exercise program. By our signatures below, on behalf of ourselves, our heirs, next of kin, successors in interest, assigns, personal representatives, and agents, we hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to person or property resulting from participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from participation in the activity listed above;
3. Consent to receive any medical treatment deemed advisable during participation in the activity listed above;
4. Acknowledge that we are signing below as a minor child and as the parent or legal guardian of the minor child named below.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, 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 GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature _________________________________     ____________________________ ______________
Date__________________________ _____________

Please Print Clearly- Only one player per form