



UNIVERSITY OF  
SOUTH DAKOTA  
**Youth Basketball League**

**LEAGUES OFFERED:**

- 5-6 Grade Boys (Oct. 19-Nov 23, 2019) (due by Oct. 4)
- 5-6 Grade Girls (Oct. 19-Nov 23, 2019) (due by Oct. 4)
- 1-2 Grade Boys (Jan. 4-Feb. 8, 2020) (due by Dec. 6)
- 1-2 Grade Girls (Jan. 4-Feb. 8, 2020) (due by Dec. 6)
- 3-4 Grade Boys (Jan. 4-Feb. 8, 2020) (due by Dec. 6)
- 3-4 Grade Girls (Jan. 4-Feb. 8, 2020) (due by Dec. 6)

Games will be played Saturday mornings starting at 9:00 A.M.

- Cost is **\$55 (includes tax)** per child
- Coaches will be volunteer. Head coach's first child will receive **\$25 discount**, and each head coach can have one assistant coach. Assistant's child will be placed on head coach's team
- Vermillion teams will be determined by a draft of head coaches
- Referees will be used for 3-4 grade and 5-6 grade divisions
- 1st and 2nd grade league is 3 on 3 and played half court

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

*Please Print Clearly- Only one player per form*

**Player's Information:**

\_\_\_\_\_  
(Last Name) (First Name)

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone

Boy\_\_\_\_ Girl\_\_\_\_ Birth Date (MM/DD/YYYY): \_\_\_\_\_

Grade (Current) \_\_\_\_\_

Parents' Name: \_\_\_\_\_

E-Mail Address (print legibly): \_\_\_\_\_

Are you part of an out of town team? Team\_\_\_\_\_ Coach \_\_\_\_\_

**Coach's Information** (if you want to volunteer):

\_\_\_\_\_  
(Last Name) (First Name) Phone

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 \_\_\_\_\_