



Superior HS Rec Basketball

Player Name: _____

Address: _____ City: _____ Zip: _____

Player Email: _____

Phone: _____ DOB: ____/____/____ Gender: Male Female

School: _____ Grade: _____

Coach & Teammates: Name your coach and 4 - 6 friends with whom you would like to be placed on a team:

Coach: _____ Coach's phone: _____

Players: _____

Player's Parent or Guardian: _____

In an emergency, contact:

Name: _____ Relationship: _____ Phone #: _____

LIABILITY RELEASE FORM: All players and coaches must complete a liability release form.

Yes, I'd like to be involved

Coach _____ Assistant Coach _____ Practices _____ Other _____

In consideration of the opportunity to participate and/or have my child participate in any lessons, trips, events, games, contests or other sport and non-sport activities of the City of Superior, the Superior Park and Recreation Department, the School District of Superior, Cathedral, UWS, and all other facilities, and the coaches, drivers or other volunteers of such organizations or their agents, shall not be liable jointly or severally for any injuries to my person, my child's person or our property.

This release includes not only participation in the sport itself, but also transporting to and from any athletic event.

I also agree to indemnify and hold harmless above named parties from and against any and all actions, claims, demands, liability, loss, damage, and expense of any kind, including attorney's fees, arising from such claim. I am aware of and familiar with the ordinary and hazardous risk involved in league basketball play, and I understand that my child and I are assuming those risks.

Signature of Parent or Guardian: _____ Date: _____

Player Fee: **\$70.00** if paid by December 15, 2011. **\$80.00** if paid later than December 15. Fee includes jersey.

ALL FEES DUE IN FULL AT REGISTRATION. NO REGISTRATIONS ACCEPTED AFTER START OF THE SEASON.

Any questions call Mr. Rockwood at 218 591-6867.

Jersey size (Circle)	Adult Small	Adult Medium	Adult Large	Adult XL	Adult 2XL	Adult 3XL
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Superior HS Rec Basketball

PO Box 1432

Superior, Wisconsin 54880

218 591-6867

Amateur Minor Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Superior Rotary HS Basketball League athletics/sports program, and related events and activities, the undersigned:

1. Agrees that the parent(s) and or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules or play, or the condition of the premises or any equipment used. Further that there may be other risks not known to us or not reasonable foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waives, discharges covenants not to sue Board members or Sponsors.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Printed Name of Parent or Guardian

Parent/Guardian Email Address

Parent/Guardian Address

Parent/Guardian Phone

Parent or Guardian (Signature & Relationship)

(Date)

Printed Name of Participant

Address of Participant

Telephone Number of Participant