

LOCKWOOD SCHOOLS 3RD, 4TH, AND 5TH CO-ED BASKETBALL

League Registration: January 8-February 9, 2018.

Fee: \$30 (includes reversible jersey and basketball)

Coaches Meeting: (ALL INTERESTED COACHES): March 1, 2018 in Intermediate Library at 6:00 p.m.

Opening Day is March 3, 2018! Season will run on Saturdays only (March 3, 17, 24, 31). This is the Saturday schedule. Each week, everyone will meet in the Sturdevant Gym to warm up/skills practice at their scheduled time. Teams will be given gym assignments. All teams will meet back in the Sturdevant Gym 10 minutes prior to dismissal to announce award winners of the day!

3rd grade-8-9:30 a.m.

4th grade-10-11:30 a.m.

5th grade-12-1:30 p.m.

Please keep for your records!

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY:

I hereby confirm _____ is in good health and able to participate in the activity. I acknowledge the activity may involve risk and danger of bodily injury or death. I fully accept and acknowledge the activities may involve risk, and I hereby assume the risk and responsibility for all dangers and risks associated with the participant in the activity. I acknowledge that the possibility of injury still exists and we further release and waive and agree to indemnify, hold harmless or reimburse Lockwood School, its employees, volunteers and program sponsors from and against any claim with the above named youth shall not be responsible or liable in any regard or manner for any and all property damage or bodily injury (including serious physical injury or even death) incurred by participant or any party related thereto as a result of his/her participation in the activity.

I have read, fully understand, and hereby freely sign, approve of, and agree to the terms of this registration form. I hereby unconditionally release, discharge, covenant not to sue, waive my rights and remedies, and agree to hold harmless the activity representatives from any and all claims, costs, demands, losses, damages, or expenses associated with, in whole or in part, participant's involvement with the activity. I certify all answers and information provided on this registration form are to the best of my knowledge true and correct throughout the activity.

I shall inform the recreation council in writing if any information provided in this registration form is incorrect or changes through the course of the activity. In case of injury or emergency, I for myself and/or participant (if participant is minor/child), and my personal representatives, heirs and assigns, (severally and collectively "I" for this registration form) give permission for an activity representative to call 911 and transport participant to a hospital. I shall inform Lockwood School in writing, of any medical or health conditions of participant that occurs or develops and which could affect participant's safety, performance or participation in or throughout the activity.

Signature of parent/guardian: _____ Date: _____ Please complete and return to the Intermediate Office with \$30 Registration Fee before February 9th, 2018. Opening Day-March 3rd!

Lockwood Intermediate School Basketball Program
Registration Form

Must be completed by parent or guardian.

Participant's Name: _____ Date of Birth: ____/____/____

Male: ____ Female: ____ Grade: _____

Jersey Size _____ (Youth Size: M, L or Adult size: AS, AM, AL, AXL)

Parent / Guardian name #1 _____

Parent / Guardian name #2 _____

Street Address: _____

Phone: _____

Yes, I am interested in volunteering :Name _____

phone _____

Emergency/Health Issues:

In case of emergency, please notify:

Name: _____ Relationship: _____

Phone _____

Name: _____ Relationship: _____

Phone _____

Physician's Name: _____ Physician's Phone: _____

Hospital Preference _____

Any medical, psychological, or behavioral conditions we should be aware of (bee stings, food allergies, etc.)?

1. Are there any medical or health factors or limitations that might affect participant's performance in the activity?

Yes ___ No ___

2. Is participant taking any medications or have a condition that may affect participant's safety or performance in the activity?

Yes ___ No ___

3. Is participant required any special accommodations (due to disability) to participate in the activity?

Yes ___ No ___ If yes, please explain:
