

WYOMING AREA LADY WARRIORS SKILLS & DRILLS ELEMENTARY BASKETBALL PROGRAM

COST: \$10 per player

SCHEDULE: 8 Wednesday sessions, starting September 27th through November 15th from 6pm to 8pm

FOR: Wyoming Area girls in 3rd to 6th grade

WHERE: Intermediate Center Gymnasium (Montgomery Avenue)

WHY: To teach the girls the fundamentals of basketball and have some fun playing the game!

SIGN UP: September 20th and September 25th from 7:30pm to 8:30pm at the Secondary Center Gymnasium Lobby

OR

Mail registration form and fee to: Wyoming Area Girls Basketball, c/o Jenny Kranson, 333 Donna's Way, Exeter PA 18643

OR

Bring the registration to the gym on the first day.

For more information, call 570-362-1680.

REGISTRATION

First Name: _____ Last Name: _____

Street Address: _____ State: _____ Zip: _____

Phone: _____ Email: _____ Grade: _____

Birthday: _____ Position: _____

T-Shirt Size (circle one): YS YM YL AS AM AL AXL

Information: Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions? ___NO ___YES*

***If Yes, please state the condition here:** _____

Emergency Contact: Name & Relationship: _____ Phone: _____

If you wish to have a doctor contacted in case of emergency: Doctor's Name/Phone: _____

Emergency Authorization (from above)

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize coaches, assistant coaches or parents of team members acting in the capacity of supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is any emergency and I cannot be reached, please contact the above emergency contact. *Authorization signature below.

Waiver of liability, Disclaimer, and Permission

I, the parent of the above named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in the program(s), I (for myself as well as for my child, his/her heirs and assigns) hereby release, discharge and hold-harmless Wyoming Area Lady Warriors Basketball, Wyoming Area School District and its employees, volunteers, and other representatives or affiliates from and against any and all claims arising out of or relating to illness, physical injury, death or other damages that may result to said individual while participating in a Wyoming Area sponsored event, including any physical injury by negligence of any official referee or coach while performing his/her duties during any camp, clinic, practice or games. I attest that my child is physically capable to participate in this event, camp or clinic. However, should officials, representatives or volunteers determine in their sole discretion that completion or participation of any games or events would be injurious to my child's health, or should my child become ill, or injured, I consent to his or her removal and treatment by any physician or medical care provider at the direction of the event, camp, clinic or game officials, sponsors, representatives and/or volunteers

Authorized Parent/Guardian Signature: _____ Print Name: _____

Date: _____