



# SWISH HOOPS REGISTRATION 2020-2021

Athlete's Name: \_\_\_\_\_ D.O.B (M/D/Y): \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Contact Cell #: \_\_\_\_\_

Contact Email (Please check your junk mail): \_\_\_\_\_

Shirt Size (Specify adult or youth size): \_\_\_\_\_

### REGISTRATION FEES/DIVISIONS

\*Please fill out appropriately\*

**KINDER**  
4YRS

**MITE**  
5-6YRS

**TYKE**  
7-8YRS

**ATOM**  
9-10YRS

**BANTAM**  
11-13YRS

**ALL GIRLS**  
9-12YRS

KinderBall (4yrs) est. 7 wks **\$95.00** (incl. t-shirt, basketball and graduation certificate) Fee: \_\_\_\_\_

Mite, Tyke, Atom, Bantam & All Girls est. 16 wks **\$155.00** (incl. water bottle, basketball, team t-shirt (in January) and end of season medallion) Fee: \_\_\_\_\_

"Take the Advantage" Additional intensive training (10-13yrs) estimated 16 weeks **\$65.00** for Swish players and \$85.00 for non Swish players, see brochure for complete details. Fee: \_\_\_\_\_

Warmup Hoodie (**\$50.00**) or Long Sleeve Shirt (**\$40.00**) \*optional only\* Size: \_\_\_\_\_ Fee: \_\_\_\_\_

**Total:** \_\_\_\_\_

Office Use Only: Method of Payment: \_\_\_\_\_ Date: \_\_\_\_\_ Initial: \_\_\_\_\_

### VOLUNTEER/TEAM SPONSORSHIP

**DIVISIONAL HEAD COACH**  
\*Ask about our incentive benefit\*

**INTENSIVE TRAINING COACH**  
\*for Take the Advantage\*

**ASSISTANT COACH**

**REFEREE**

Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Team Sponsorship (\$250.00): Business Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

### IMPORTANT INFORMATION

\*Please initial below if you've read and understood the following\*

**We do not offer refunds, like us on facebook, signed waiver, welcome rack card information and newsletter and calendar received.**

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for registering for the 2020-2021 season of basketball!**

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

PARTICIPANT NAME: \_\_\_\_\_

In consideration of being allowed to participate in any way in the **SWISH BASKETBALL PROGRAM**, related events and activities, the undersigned acknowledges, appreciates and agrees that;

1. The risk of injury from the activities involved in this program is possible and can take place. While there are particular rules, equipment, and personal discipline that may reduce the risk; the risk of serious injury does exist; and,
2. I or participant KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participant; and,
3. I or participant willingly agree to comply with the stated and customary terms and conditions for participants. If however I or participant observe and feel there is a significant hazard during the presence or participation, I or participant will remove myself, or his/herself from participation and ring such to the attention of the nearest official immediately; and,
4. I, for myself or participant and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS No Limits Youth Organization, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and , if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I have read this Release of Liability and Assumption of Risk Agreement, and fully understand its terms. I understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any encouragement.

X \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE IF PARTICIPANT UNDER 18

X \_\_\_\_\_  
PARTICIPANT IF 18 YEARS

X \_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE SIGNED

### PICTURE/PRINT/VIDEO MEDIA

I grant permission to No Limits Youth Organization to display photographs/video and/or name of the above named participant in media releases, displays, and other publications or social media. This consent will remain valid for as long as the individual remains involved with No Limits Youth Organization unless revoked in writing.

X \_\_\_\_\_  
PARENT GUARDIAN/SIGNATURE

\_\_\_\_\_  
DATE SIGNED

### HEALTH

Please list any allergies, medications and/or conditions that we should know about :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

