



RHINELANDER BASKETBALL ASSOCIATION (RBA)



2011-2012 LITTLE HODAGS (GRADES 3-6 ONLY) REGISTRATION FORM

NAME: _____ GRADE: _____ BOY/GIRL: _____

ADDRESS: _____ E-MAIL ADDRESS: _____

FATHER: _____ PHONE #: _____

MOTHER: _____ PHONE #: _____

DATE OF BIRTH: _____ SCHOOL: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ PHONE #: _____

PAYMENT SUMMARY		
LITTLE HODAG (\$35 EACH, \$100 CAP)		\$
(\$10 LATE FEE IF AFTER 9/19)	TOTAL:	\$
CIRCLE ONE: CASH CHECK		
	# _____	
RBA REPRESENTATIVE INIALS: _____		
IF FAMILY, LIST OTHERS ASSOCIATED WITH THIS PAYMENT:		

CONSENT FOR MEDICAL TREATMENT AND VOLUNTARY RELEASE, ACKNOWLEDGMENT AND ACCEPTANCE OF RISK AND INDEMNITY AGREEMENT

I, the undersigned parent or legal guardian of the above named Participant who is under 18 years of age, in consideration of the right to engage in this activity as a participant or spectator in basketball games and related practices and activities (the "Activities"), hereby acknowledge, agree, promise and covenant with The Great Northwest Basketball League, Ltd., Rhinelanders Basketball Association (RBA), its board of directors (RBA), the association, teams individuals or schools sponsoring or hosting basketball tournaments or practices, the owner and manager of facilities used, and all of their agents, volunteers and employees and promoters, other participants, officials, and advertisers (hereinafter collectively referred to as "Sponsors"), and on behalf of myself, the Participant, our heirs, assigns, personal representatives and estate as follows.

CONSENT TO PARTICIPATE: I Consent to the Participant's voluntary participation in the Activities. I give my permission for the Participant to engage in Activities that include but are in no way limited to playing or watching basketball, participating in basketball practices, and traveling to and from the sites where Activities are held.

ACKNOWLEDGMENT AND ACCEPTANCE OF RISKS AND RESPONSIBILITY: I Understand And Acknowledge that the Activities bear certain risks and unanticipated risks which could result in INJURY, DEATH, ILLNESS, DISEASE, OR PHYSICAL OR MENTAL DAMAGE to the Participant, property, spectators or sponsors, or claims against me by spectators or third parties. I expressly agree to accept and assume all responsibility and risks arising from the Participants participation in the Activities and that participant's participation in this Activity is purely voluntary, without coercion.



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CONSENT FOR MEDICAL TREATMENT AND VOLUNTARY RELEASE, ACKNOWLEDGMENT AND ACCEPTANCE OF RISK AND INDEMNITY AGREEMENT

ACKNOWLEDGMENT OF EFFECT OF THIS RELEASE AGREEMENT: **I Understand and Acknowledge** that by signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Sponsors, Rhinelanders Basketball Association (RBA) its board of directors (RBA), and other persons or entities, including specifically, but not limited to, rights arising from or claims for the acts or omissions, fault, negligence in any degree of Sponsors, Rhinelanders Basketball Association (RBA) its board of directors (RBA), its agents or employees, and all other persons or Entities. **I Understand and Acknowledge** that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act.

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITIONS: **I Understand and Acknowledge** that no medical insurance benefits will be provided to the Participant during the Activities. **I Certify** that the Participant has sufficient health, accident, and personal liability insurance to cover any bodily injury, property damage or disablement which I may incur and to cover bodily injury or property damage caused by third party as a result of the Participant's participation in the Activities. If the Participant has no such insurance, I certify that I am capable of personally paying for all such expenses or liability. **I Further Acknowledge** that the Participant is in good physical and mental health and not suffering from any condition, disease or disablement which would or could potentially affect participation in the Activities.

CONSENT FOR MEDICAL TREATMENT: **I Hereby Give My Consent** for emergency medical care provided by a Doctor of Medicine, Doctor of Dentistry or other medical or urgent care personnel. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of Participant.

AGREEMENT: **I Understand** that this is the entire Agreement between the undersigned and Sponsor, Rhinelanders Basketball Association (RBA) its board of directors (RBA), its agents or employees, and that it cannot be modified or changed in any way by the representation or statements of Sponsors, Rhinelanders Basketball Association (RBA) its board of directors (RBA), or any volunteer, employee or agent of Sponsor, or by the undersigned.

RELEASE: **I Voluntarily Release and Forever Discharge and Covenant Not to Sue** the Sponsors, Rhinelanders Basketball Association (RBA), its board of directors (RBA), and all other persons or entities affiliated with them, from any and all liabilities, claims, demands, actions or right of action, which is related to, arise out of or are in any way connected with the Participant's participation in the Activities, included but not specifically limited to any and all negligence, fault or strict liability of Sponsors, and all other persons or entities, for any and all injury, death, illness or disease, and damage to the Participant or to our Property. **I Agree, Promise and Covenant to Hold Harmless and to Indemnify** the Sponsors and all other persons or entities affiliated with them from all defense costs, including attorney's fees, or from any other cost incurred in connection with claims for bodily injury or property damage which the Participant may negligently or intentionally cause to spectators or third parties in the course of the Participant's participation in the Activities.

THIS AUTHORIZATION IS VALID FROM 10/01/11 THROUGH 3/01/12

PRINT NAME: _____ **RELATIONSHIP:** _____

SIGNATURE: _____ **DATED:** _____