

# Platteville Youth Basketball

Our mission is to promote and enhance the basketball skills and sportsmanship of students in Platteville.

[www.plattevillebasketball.com](http://www.plattevillebasketball.com)

## Registration Form 2011

**Fee:** \$78.00 1<sup>st</sup> Child  
\$68.00 2<sup>nd</sup> Child  
\$58.00 3<sup>rd</sup> Child & each add'l child  
**Uniform Deposit:** \$50.00 (Separate Check)

**Check Payable to: *Platteville Youth Basketball***

1<sup>st</sup> Installment – December 1st (1/2 Due)  
2<sup>nd</sup> Installment – February 1<sup>st</sup>, 2012

**Questions:** President, Mike Huser, 1075 Cadillac Dr., Platteville, WI 53818, (608) 732-5471

Email: [husermi@uwplatt.edu](mailto:husermi@uwplatt.edu)

### Player Information:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Sex: M/F Birth Date: \_\_\_\_\_

Grade Level: \_\_\_\_\_

### Parent/Guardian Information:

Primary Head of Household

Secondary Head of Household

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell/Home #: \_\_\_\_\_

Cell/Home#: \_\_\_\_\_

Work #: \_\_\_\_\_

Work #: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Cell/Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

### Medical/Health Information:

Any medical conditions/allergies that we should be aware of:

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### Use of Image:

By signing below, you are giving permission for your child's photograph to be used in promotional material for Platteville Youth Basketball. Photos may be also used in area newspapers and movie theaters, or other forms of promotion, including the PYB website. The consent gives no monetary compensation for such usage.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Waiver and Release of Liability for Platteville Youth Basketball

I acknowledge and fully understand 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 actions, inactions, or negligence of others, the rules of play or the condition(s) of the premises or the equipment used. Further, that there may be other risks unknown to us, or not reasonably foreseeable at this time and assume all forgoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

Intending to be legally bound, do hereby release, waive, discharge, or covenant not to sue Platteville Youth Basketball, its affiliated programs, their respective administrators, the Platteville Youth Board of Directors, its officers, volunteers, other participants, sponsoring agencies, sponsors and owners and lessors of the premises used to conduct the events, all of which are referred to as "release" from all liability from the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the "release" or otherwise in connection with the association or participation in and/or arising out of my travel to, participation in a Platteville Youth Basketball event.

In the event that the undersigned player sustains injury or illness while participating in a Platteville Youth Basketball event, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf permission forms regarding treatment of my minor participant and other necessary medical documents and to act in my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

Participants Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Printed Name of Signee: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date Signed: \_\_\_\_\_

For PYB Use Only:

Date: \_\_\_\_\_ Cash: \_\_\_\_\_ Check# \_\_\_\_\_ Paid in full \_\_\_\_\_ Installment \_\_\_\_\_ Balance Due \_\_\_\_\_

Uniform Deposit \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Deposit Returned \_\_\_\_\_