## **Lena Sports Association**

## Boys and Girls 5th & 6th Grade 2019 Travel Basketball Registration Form Season: January 5th – February 23th

Games will be held every Saturday.

If you have any questions please contact Drew Spidahl at (815) 541-9751 or dspidahl@yahoo.com.

Player's Name		M / F (circle one)
Address		Birthdate
Email Address		Grade
Parent/Primary Caregiver		
Address		
Primary Phone		
Health Concerns		
Jersey Size (circle one)  ***Athletes can wea	<b>YOUTH:</b> S / M / L r the same jersey for both 5th an	
Registration forms must be recei	ived by November 28th. N	No late registration accepted.
Please make chec	ks payable to Lena Sport	s Association.

League Fee \$30 \* Jersey Fee (if needed) \$30 - Total: \$60

## Mail Forms to Lena Sports Association PO Box 150 Lena, IL 61048

## Waiver and Release from Liability

In consideration of participation in Lena Sports Association Athletics and any and all activities associated therewith, the undersigned, as participant, and the undersigned, as parent(s) and/or guardian(s) of the participant (hereinafter collectively referred to as "Releasers"), individually and collectively, for himself/herself and for his or her personal representatives, assigns, heirs and next of kin, hereby releases, waives, discharges and covenants not to sue the Lena Sports Association, Inc., and any of its officers, directors, agents, and/or employees (hereinafter collectively referred to as "Releases"), from any and all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in death of the participant, whether caused by the negligence of Releases or otherwise while participant is engaged in any activity associated with or conducted by the Lena Sports Association, Inc. The Lena Sports Association will not offer any insurance coverage to participants.

The undersigned further acknowledges having read this document in its entirety, and that he or she understands its contents and the purposes for which it is being executed. In the event that my son/daughter sustains injury or illness during the activities and trips conducted by the Lena Sports Association, I authorize whatever medical or surgical treatment is deemed advisable by available medical personnel. I understand the Lena Sports Association representative in charge of the activities will make a reasonable attempt to contact me and this authorization is intended to apply to situations that require prompt attention.

	THIS IS A RELEA	SE	
Date	Parent/Guardian Signature Required	Participant's Signature	