

2017 SUMMER CLINICS

PLAYER INFORMATION

First Name: _____

Last Name: _____

Age _____ Grade (16-17 school year) _____

Shirt Size (circle one) YS YM YL AM AL

Gender (circle) M F School: _____

Describe previous playing experience: _____

Address: _____

City: _____ State: _____ Zip: _____

The RBA sends out important information via email. Please provide an email where you can receive RBA information:

All clinics run from 9am-4pm. T-shirt and daily hot lunch are included. Clinics will be filled on a first come, first serve basis.

Please select the clinic you are registering for by first and second choice.

Grade Completed

K-1	_____ June 26-27	_____ July 6-7
2-3	_____ June 13-15	_____ July 24-26
4-6	_____ June 20-22	_____ July 11-13

OFFICE USE ONLY

Fee _____ Check # _____ Received _____



PLEASE
PRINT
CLEARLY

The Salvation Army ROOKIE BASKETBALL ASSOCIATION

PERMISSION/WAIVER FORM

I understand that the child listed below will be participating with The Salvation Army in a Rookie Basketball Association Clinic between **June 13-July 31, 2017**.

MEDICAL HISTORY

Special needs or concerns (allergies, conditions, dietary needs, medications):

HEALTH INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

EMERGENCY CONTACTS (names of persons to contact in case of emergency)

Parent/Guardian _____ Home/Cell Phone _____ Work Phone _____

Parent/Guardian _____ Home/Cell Phone _____ Work Phone _____

Other _____ Home/Cell Phone _____ Work Phone _____

AUTHORIZED RELEASE (Names of persons who have permission to pick up my child from the chapel.)

Name _____ Relationship _____

Name _____ Relationship _____

I represent that I am the parent/guardian of _____, who is under 18 years of age. My signature below indicates that all information provided in this form is true and accurate, and that I have read and fully agree to all statements made on both sides of the form, including but not limited to the Authorization and Release of Liability, Consent to Medical Treatment and the above.

Signature: _____

Printed name: _____ Date: _____

The Salvation Army Rookie Basketball Association began in 1987. The purpose of the league, is skill and character development, team play, equal participation, and fun! TRAIN. PLAY. DEVELOP.

REGISTRATION INFORMATION

The registration fee per player is **\$50** for K-1 graders and **\$75** for 2-6 graders, includes quality instruction, t-shirt, and daily hot lunch. Deadline for registration is Friday, **May 26, 2017**. After May 26 the fee increases to **\$60 & \$85**, respectively.

**Families with more than one child participating will receive a \$10 discount for each additional child after the first qualifying child. Scholarships based on completion of scholarship application and qualification are available.

**Please consider contributing to the RBA scholarship fund personally or through corporate sponsorship, call 722-7934 to explore the opportunities.

CLINIC INFORMATION

The WIN at RBA Summer Clinics is to create an environment that intentionally focuses on developing the WHOLE athlete- MIND - BODY - HEART. The RBA believes basketball offers a platform to develop not only great athletes but also great citizens, boys and girls of moral character who will become the change agents in the Duluth community, and at RBA Summer Clinics we are INTENTIONAL about leveraging that platform.

The clinics will focus on developing fundamentals as well as character qualities of integrity, teamwork, and excellence all through basketball. Players will develop their individual and team skills through training drills, participating in individual contests, and playing in games. Clinics will be facilitated by the RBA Coordinator. Various area basketball players will volunteer with the clinics.

REGISTRATIONS MAY BE SENT TO:

**The Salvation Army, RBA
215 S 27th Ave W,
Duluth, MN 55806**

Questions? sabasketballduluth@gmail.com or 218-576-6174

PLEASE READ CAREFULLY AND SIGN TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY Please review and complete the sections below and sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the named child, authorize the participation of my child in The Salvation Army Rookie Basketball Association (the "RBA"). I understand that the RBA is part of The Salvation Army which is a nonprofit Christian organization and that my child's participation is voluntary and not essential to completion of requirements of any program, school or government agency. I understand that the RBA is conducted by The Salvation Army and its volunteers and staff, including parents of other participating children. I also understand that The Salvation Army is solely responsible for all aspects of the RBA including selecting and supervising persons conducting the RBA. I further understand and agree that my child's participation in athletic and other activities of the RBA necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, me and my family, I assume these risks.

In consideration of the privilege of my child's participation in the RBA, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify and covenant not to sue, The Salvation Army and the RBA, and all of its directors, officers, employees, volunteers, insurers, agents and representatives, and all other persons associated with the RBA (including without limitation any other participating churches, sponsors, organizations, parents, vendors, coaches, and other game and event workers, officials, and organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the RBA, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in RBA activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns. I give permission for free use of my child's name and picture in broadcasts, telecast written accounts for any participation in a The Salvation Army's RBA event.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in RBA activities, and if I, the parent or guardian of the named child, am not present to make medical decisions, I hereby authorize The Salvation Army, its staff, volunteers including volunteer coaches, assistant coaches, and referees, and supervisors, to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).