

2005-2006 RECREATIONAL BASKETBALL REGISTRATION FORM
URBANDALE GIRLS RECREATION ASSOCIATION

Registration Deadline = 10/8/05 (\$15.00 Late Fee)

(To be filled in by UGRA)

AMOUNT PAID:

\$ _____ Cash
\$ _____ Check

Two or more: _____
UGRA Initial: _____

REGISTER TO PLAY IN:

☐ Beginner League (2nd & 3rd Grades) - Fee \$30

☐ Junior League (4th & 5th Grades) - Fee \$50

☐ Senior League (6th & 7th Grades) - Fee \$60

Pre-Season Clinic (2nd-7th Grades) - No charge, fee included in registration.

Skills date*

None

2:00pm

12:00pm

***Skills assessment (used to help balance teams) will be at the times above on 10/15/05 in the Middle School gym.**

PLAYER INFORMATION

Please Print

SHIRT SIZE: (Youth) M / L (Adult) S / M / L / XL

Please Circle

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE: _____ AGE: _____

SCHOOL NOW ATTENDING: _____ CURRENT GRADE: _____

FAMILY E-MAIL ADDRESS: _____ PLAYER HEIGHT: _____

PARENT INFORMATION

Please Print

MOTHER NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

EMPLOYER (optional): _____

FATHER NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

EMPLOYER (optional): _____

Please read and sign the waiver of liability agreement on the back of this form.

Please note important medical history or special needs on the back of this form.

We depend on parent coaches to help run this program!

Please consider helping this season. We would be happy to answer any questions - please feel free to contact the appropriate committee member: Beginner league = Brian Morris (270-6441); Jr League = Pat Pithan (253-9959) or Boyd Bauer (276-6886); Sr. league = Becky Coady (727-5157); VP of basketball = Ron Torry (331-3488).

Please check the areas below where you would be willing to help.

Team Coach: Father: _____ Mother: _____ Email: _____

Assist Coach: Father: _____ Mother: _____ Email: _____

Scorekeeper: Father: _____ Mother: _____ Email: _____

All potential coaches will undergo a background check and all teams will have a designated head coach and an assistant coach.

Maximum fee \$100.00 per family

(Financial assistance available)

Make Check Payable to: **UGRA**

LATE FEE: \$15 Per Registration After October 8th

Visit our website at: www.ugrasports.com

Return Form to: **Ron Torry**

UGRA Basketball

4151 98th Street

Urbandale IA 50322

PARENTAL CONSENT RELEASE AND WAIVER OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT

As a parent/guardian of the player named below, I hereby give permission for her to participate in any and all of the Urbandale Girls Recreation Association (UGRA) Basketball program activities, including transportation to and from the activities.

I know that participation in basketball may result in serious injury, and protective practices do not prevent all injuries. I understand that neither the UGRA nor its volunteers have obtained insurance coverage or have sufficient assets to pay or reimburse me or the player named below for the cost of health care or other costs (including loss of future income) which may be incurred if she is injured or harmed. I hereby waive any legal claim against and agree to hold harmless the UGRA, any organizer, any sponsor, any participant, and any and all persons associated with the basketball program activities of the UGRA for any claim arising out of any injury suffered by the player named below, whether as a result of negligence or any other cause, by her participation in or transportation to and from said basketball activities.

I also understand that occasionally photographs will be taken of participants in programs, activities and events. I give permission for these photographs to be used in future program guides, brochures, web site or other promotional information.

Printed Name of Player

Printed Name of Parent or Guardian

Signature of Parent or Guardian

Date

MEDICAL HISTORY

Please use this space to advise the volunteer of important medical history or other special needs of this player
