

SERVE. LOVE. INSPIRE.

# INSPIRE SPORTS

## Inspire Basketball Clinic at De Pere High School

### When and Where:

January 30th @ De Pere High School

9:30 a.m. – 11:00 a.m.

Registration: 9:15 – 9:30 a.m.

De Pere High School  
1700 Chicago St.  
De Pere, WI 54115



**Who:** Any individual with special needs or an extra challenge to overcome



**Cost:** Free!

All Participants will receive a T-Shirt

**What is it?:** a basketball clinic where individuals with special needs will be paired up one-on-one with De Pere basketball players to practice sports skills, create relationships, and have fun!

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INSPIRE  
SD H AR I N G  
D R A M S

Register online at [www.inspiresportswi.org](http://www.inspiresportswi.org)

OR

**Print and complete registration form and waiver and mail to:** Inspire Sports  
509 Sanitorium Rd  
Kaukauna, WI 54130

**Registration Deadline: January 28th, 2016**

If you have additional questions or concerns, please contact us at [inspiresportswi@gmail.com](mailto:inspiresportswi@gmail.com)

# Inspire Basketball Clinic – De Pere

## Registration form and Waiver

Please fill out form and return to:

Inspire Sports  
509 Sanitorium Rd  
Kaukauna, WI 54130

OR

Scan and email to  
[inspiresportswi@gmail.com](mailto:inspiresportswi@gmail.com)

OR

Register online at [www.inspiresportswi.org](http://www.inspiresportswi.org)

Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Age \_\_\_\_\_

Gender(circle one): Male / Female

Parent(s)/Guardian(s) Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_ Emergency Contact and Phone # \_\_\_\_\_

Shirt Size (circle one): YM YL S M L XL

ABOUT MY CHILD: please provide specifics

Diagnosis \_\_\_\_\_

Please include any information that will support the success of your child: i.e. special needs, special requests

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My child is: Verbal\_\_\_ Non-Verbal\_\_\_

My child uses: wheelchair\_\_\_ walker\_\_\_ other \_\_\_\_\_

I give authorization for my child named above to participate in the Inspire Sports Clinic. I know that participation in this event may result in serious injuries, and protective equipment does not prevent all injuries to players, and I do hereby waive, release, absolve, indemnify, and agree to hold harmless Inspire Sports and all individuals and entities involved, their organizers, sponsors, agents, insurers, supervisors, participants, and volunteers, from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I hereby grant Inspire Sports and all individuals and entities involved the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of myself, my family members including my player/child. These materials may appear in any form, style, color or medium whatsoever (including, without limitation, photographs, video tapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me (including without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of Inspire Sports.

I hereby release and forever discharge Inspire Sports and all individuals and entities involved from any and all liability and damages relating to the use of my name, voice, likeness or any other identifiable representation of me. I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporate my name, voice, likeness or any other identifiable representation of myself, my family and my child.

By signing below, I acknowledge that I have fully read and understand this document and I have had questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

**\*\*Parents are encouraged to stay on site during the clinic**