



A Better Person, A Better Team, A Better Community



My First Basketball League

Purpose: This is a program for players to help them prepare for competitive basketball
12 Sessions of structured fundamentals and game play

When: Monday afternoons Nov 7th, 14th, 21st, 28th, Dec 5th, 12th, 19th 2011, Jan 9th, 16th, 23rd, 30th, Feb 6th, 2012

Pre K & K Boys & Girls session is 4-5pm
1st & 2nd Grade Boys & Girls session is 5-6:30pm

League location: Bettendorf Life Fitness Center, 2222 Middle Road, Bettendorf, Iowa, 52772

Registration and Consent Form

Players Name _____ Male / Female _____ Grade _____
Parents Name _____ Phone# _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____

Reverseable Size **YS** **YM** **YL** **AS** **AM**

Cost: \$129.00 per person per player

Subtract \$10.00 if you have MFBL reversable

Optional Mesh Shorts (add \$10.00) **YS** **YM** **YL** **AS** **AM**

Make checks payable to Beyond The Baseline or register online at www.beyondthebaseline.net

Send to: Beyond The Baseline, 1540 W 12 Street, Davenport, Ia, 52804, Contact: Gary Thrapp 563-322-8434

Please fill out the waiver below. The waiver and liability MUST BE SIGNED to have a valid registration.

Waiver of Liability and consent

I, the parent or guardian of the applicant agree that "Beyond The Baseline" and all individuals assisting in the Basketball Skills Camps in any capacity, will not be liable for any causes of actions, claims and injuries arising out of the participation of the applicant, and hereby release all said groups and individuals from such claims and liabilities. The undersigned acknowledges that in all sports there are certain risks of physical injuries and all players participate at their own risk, I, as legal guardian or parent of any applicant hereby consent to the participation of the applicant in the "Beyond The Baseline" Basketball Skill Camps under the above mentioned conditions.

I, as the parent or legal guardian, state that the child _____ is in ample sports condition to participate in the basketball clinic. By signing this form, you exclude Beyond The Baseline and any members of his staff from any normal injury and liability that might occur or labeled as normal sports injuries. If you do not wish to give consent for your player to be photographed, videotaped and/or filmed while participating in Basketball clinic and for the resulting photos, etc. to be used by Beyond The Baseline, for educational and promotional purposes please check the space below. I have read and understand the above:

Parent or Gaurdian Signature: _____ Date: _____

I do not wish for my child to be used for educational or promotional purposes by photograph or video _____

Beyond The Baseline 1540 W 12th Street, Davenport, Iowa, 52803

• Phone: 563.322.8434 • Fax: 563.322.8758 • www.beyondthebaseline.net