



FIELD HOUSE SPORTS COMPLEX & ACTIVITY CENTER  
1540 West 12th Street • Davenport, Iowa 52804 • Phone: 563.322.8434 • Fax: 563.322.8758 • www.beyondthebaseline.net

## Basketball Skills Camps Registration Form

**A Better Player, A Better Team, A Better Community**

**Please fill out and sign prior to attending your first session**

Players Name \_\_\_\_\_ Male / Female \_\_\_\_\_ Grade \_\_\_\_\_

Parents Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cost \$5.00 per person per session or buy a 10 session pass for \$45.00**

Make checks payable to Beyond The Baseline

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 photographed or filmed. \_\_\_\_\_