



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



My First Basketball League

Pre 1st & 2nd Grade Boys & Girls (advanced K can play)

Purpose: This is a program for players to help them prepare for competitive basketball

When: There are two league options

Session 1: Monday afternoons November 1st, 8th, 15th, 22nd, 29th, Dec 6th, 13th, 2010 (7 dates)

Session 2: Monday afternoons January 3rd, 10th, 17th, 24th, 31st, Feb 7th, 14th, 2011 (7 dates)

Ages and Times: 1st & 2nd grade 5:00-6:30pm

Your child can play in both sessions and is encouraged to do so as each session has different skills learned.

Place: Beyond The Baseline Field House, 1540 W 12th Street, Davenport, Iowa, 52804

Registration and Consent Form

Session 1 (Nov-Dec) _____ Session 2 (Jan-Feb) _____ Both sessions _____

Players Name _____ Male / Female _____ Grade _____

Parents Name _____ Phone# _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Reverseable Size 6/8 10/12 14/16 YL AS AM

Cost: \$75.00 per person per session. Get both sessions for only \$129.00

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.

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.

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.

Parent or Gaurdian Signature: _____ Date: _____

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