

2018 SUMMER CLINICS

PLAYER INFORMATION

First Name: _____

Last Name: _____

Age _____ Grade (17-18 school year) _____

Shirt Size (circle one) YS YM YL AS AM AL

Gender (circle) M F School: _____

Describe previous playing experience: _____

Address: _____

City: _____ State: _____ Zip: _____

The RBA sends out important information via email. Please provide an email where you can receive RBA information:

All clinics run from 9am-4pm. T-shirt & daily hot lunch are included.

Clinics will be filled on a first come, first serve basis.

Please select the clinic you are registering for by first & second choice.

Grade Completed

K-1	_____ June 13-14	_____ July 2-3
2-3	_____ June 19-21	_____ July 10-12
4-6	_____ June 26-28	_____ July 17-19

OFFICE USE ONLY

Fee _____ Check # _____ Received _____



PLEASE
PRINT
CLEARLY

The Salvation Army ROOKIE BASKETBALL ASSOCIATION

PERMISSION/WAIVER FORM

I understand that the child listed below will be participating with The Salvation Army in a Rookie Basketball Association Clinic between **June 13-July 27, 2018**.

MEDICAL HISTORY

Special needs or concerns (allergies, conditions, dietary needs, medications):

HEALTH INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____

Phone Number: _____

Medical Doctor: _____

EMERGENCY CONTACTS (names of persons to contact in case of emergency)

Parent/Guardian _____ Home/Cell Phone _____ Work Phone _____

Parent/Guardian _____ Home/Cell Phone _____ Work Phone _____

Other _____ Home/Cell Phone _____ Work Phone _____

AUTHORIZED RELEASE (Names of persons who have permission to pick up my child from the chapel.)

Name _____ Relationship _____

Name _____ Relationship _____

I represent that I am the parent/guardian of _____, who is under 18 years of age. My signature below indicates that all information provided in this form is true & accurate, & that I have read and fully agree to all statements made on both sides of the form, including but not limited to the Authorization and Release of Liability, Consent to Medical Treatment & the above.

Signature: _____

Printed Name: _____ Date: _____

The Salvation Army Rookie Basketball Association began in 1987. The purpose of the league, is skill & character development, team play, equal participation, & fun! TRAIN. PLAY. DEVELOP.

REGISTRATION INFORMATION

The registration fee per player is **\$50** for K-1 graders & **\$75** for 2-6 graders, includes instruction, t-shirt, & daily hot lunch. Deadline for registration is Friday, **May 25, 2018**. After May 25 the fee increases to **\$60 & \$85**, respectively.

**Families with more than one child participating will receive a \$10 discount for each additional child after the first qualifying child. Scholarships based on completion of scholarship application & qualification are available.

**Please consider contributing to the RBA scholarship fund personally or through corporate sponsorship, call 722-7934 to explore the opportunities.

CLINIC INFORMATION

The WIN at RBA Summer Clinics is to create an environment that intentionally focuses on developing the WHOLE athlete- MIND - BODY - HEART. The RBA believes basketball offers a platform to develop not only great athletes but also great citizens, boys & girls of moral character who will become the change agents in the Duluth community, & at RBA Summer Clinics we are INTENTIONAL about leveraging that platform.

The clinics will focus on developing fundamentals as well as character qualities of integrity, teamwork, & excellence all through basketball. Players will develop their individual, & team skills through training drills, participating in individual contests, & playing in games. Players will also participate in small group discussions after lunch & during snack. Clinics will be facilitated by the RBA Coordinator.

REGISTRATIONS MAY BE SENT TO:

**The Salvation Army, RBA
215 S 27th Ave W,
Duluth, MN 55806**

Questions? sabasketballduluth@gmail.com or 218-576-6174

PLEASE READ CAREFULLY AND SIGN TO INDICATE YOUR AGREEMENT.

NOTE: THIS FORM INCLUDES A RELEASE OF LIABILITY Please review & complete the sections below & sign in the space provided to indicate your agreement with all statements made in such sections.

AUTHORIZATION & RELEASE OF LIABILITY

I, the parent or guardian of the named child, authorize the participation of my child in The Salvation Army Rookie Basketball Association (the "RBA"). I understand that the RBA is part of The Salvation Army which is a nonprofit Christian organization & that my child's participation is voluntary & not essential to completion of requirements of any program, school or government agency. I understand that the RBA is conducted by The Salvation Army & its volunteers and staff, including parents of other participating children. I also understand that The Salvation Army is solely responsible for all aspects of the RBA including selecting & supervising persons conducting the RBA. I further understand & agree that my child's participation in athletic & other activities of the RBA necessarily involves the risk of injury & even death from various causes, including but not limited to accidents, falls, strenuous & prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area & equipment defects, & negligence of coaches & referees. On behalf of my child, me & my family, I assume these risks.

In consideration of the privilege of my child's participation in the RBA, & on behalf of my child & me as parent/guardian, I hereby release, discharge, hold harmless and indemnify & covenant not to sue, The Salvation Army & the RBA, & all of its directors, officers, employees, volunteers, insurers, agents & representatives, & all other persons associated with the RBA (including without limitation any other participating churches, sponsors, organizations, parents, vendors, coaches, & other game & event workers, officials, & organizations) as to any & all claims of my child, me & other family members for personal injuries suffered by my child, property damage, medical expenses, & economic loss arising directly or indirectly out of my child's participation in the RBA, & any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in RBA activities, & excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to all claims & rights that the child, that I as parent/guardian, & that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force & effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors & assigns. I give permission for free use of my child's name & picture in broadcasts, telecast written accounts for any participation in a The Salvation Army's RBA event. I understand contact information will be shared with Salvation Army staff for use in the event of programming change, cancellation, and/or emergency.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in RBA activities, & if I, the parent or guardian of the named child, am not present to make medical decisions, I hereby authorize The Salvation Army, its staff, volunteers including volunteer coaches, assistant coaches, & referees, & supervisors, to arrange for & consent on my behalf to emergency medical & dental care & treatment, including tests & radiological exams, & surgery, & hospital care & treatment, & to consent to medications for pain & other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).