

2017

BOYS BASKETBALL SCHOOL

KIRKWOOD
PLAY THE GAME

REGISTRATION FORM

Participant Name

Address

City, State, Zip

Home phone number

T-shirt size (youth) M L (adult) S M L XL

Date of Birth

Age

Grade (Fall 2017)

Parent or Guardian name

Email address

Daytime phone number

Emergency phone number

Alternate emergency contact

Alternate emergency phone number

SESSIONS

BOYS BASKETBALL SCHOOL (grades 3 – 8)

- ☐ June 7, 8, 9 CLYO-4000-88672 \$135
WTh 9 a.m. - 4 p.m.
F 9 a.m. - noon

BOYS SHOOTING SCHOOL (grades 5 – 9)

- ☐ June 20, 21, 22 CLYO-4000-88673 \$75
TWTh 9 a.m. - noon

Total Sessions _____

Total enclosed \$ _____

**Make checks payable to Kirkwood Community College.
Mail check and registration to:**

**Kirkwood Community College
Continuing Education
6301 Kirkwood Blvd., SW
Cedar Rapids, IA 52404**

MEDICAL INSURANCE INFORMATION

Listed is (are) medical condition(s) and allergies the College should be aware of concerning the above registered minor child:

The college should be aware that the above registered minor child is taking the following medications:

Please provide your medical insurance information:

MEDICAL RELEASE

If the above named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide or see that the necessary care is provided. Additionally, I give the College permission to submit my medical insurance information to any medical provider caring for the above named minor child.

WAIVER AND RELEASE OF LIABILITY

I hereby give my permission as the parent or guardian of the above to participate in Youth Class/Camp Activities at Kirkwood Community College. I acknowledge that Participant is physically and mentally able to participate in these activities and programs. I understand there are certain risks associated with those activities and programs, and I assume the risks to Participant associated with those activities and programs. I understand that I am responsible for insurance coverage for Participant.

I, as an authorized representative of the participant, understand that participation in Youth Class/Camp Activities is conditioned upon execution of this Waiver and Release of Liability. In consideration of permission to participate, I agree to defend, indemnify and hold the College and the Kirkwood Community College Facilities Foundation and all of its departments, trustees, directors, officers, servants, agents, employees and applicable media vendors harmless from any and all claims of libel, slander, invasion of the right to privacy or bodily injury, property damage or other incident whether arising out of participation or otherwise.

I accept the above terms and conditions of the Waiver and Release of Liability

Parent or Guardian Signature:

Date