



**HUDSON BASKETBALL ASSOCIATION**  
HUDSON, WISCONSIN



**YBASKETBALL™**

We build strong kids, strong families, strong communities.

***Basketball Program Registration Form 2011***

**(one form per child)**

**Mail completed form to: Hudson Basketball Association**

**PO Box 4, Hudson, WI 54016**

**Please make check payable to "HBA"**

***Registration accepted on-line or via mail until November 1st***

**Information:**



Parents' Names \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Program Selection:** (In House program and the Developmental League can both be selected for 3<sup>rd</sup> Grade)

\_\_\_\_ \$50 Girls In House (Grades pre K - 1)

\_\_\_\_ \$80 Girls In House (Grades 2-6)

\_\_\_\_ \$ 5 Additional for Girls Developmental Offering (**Grade 3 only**)\*

\_\_\_\_ \$50 Boys In House (Grades pre K - 1)

\_\_\_\_ \$80 Boys In House (Grades 2-6)

\_\_\_\_ \$ 5 Additional for Boys Developmental Offering (**Grade 3 only**)\*

**\*This is an additional opportunity for 3<sup>rd</sup> grade only that will involve traveling to another community and playing two games on a Saturday in Dec. It will offer the 3<sup>rd</sup> graders a traveling like experience.**

**Volunteer Opportunity:**

Coaches are needed to make this program a success!

Parent Name \_\_\_\_\_ Head Coach \_\_\_\_\_ Asst Coach \_\_\_\_\_

**Medical Information**

Doctors Name \_\_\_\_\_ Phone \_\_\_\_\_

List any medical conditions/issues that the coach should be made aware of.

**Parent Agreement and Medical Agreement**

I, the parent/guardian of \_\_\_\_\_, a minor, agree that the registrant and I will abide by the rules of the Hudson Basketball Association, its affiliated organizations and sponsors. I agree and understand that once this registration is submitted to the Hudson Basketball Association, that I grant the Hudson Basketball Association the right to use and publish pictures containing the registrant. I recognize the possibility of physical injury associated with basketball and in consideration for the Hudson Basketball Association accepting the registrant for their basketball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Hudson Basketball Association; its affiliated organizations; the employees, coaches and associated personnel; including the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of a participant in Hudson Basketball Association's program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Parent/Guardian Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Option:** \_\_\_\_\_ Check enclosed \_\_\_\_\_ Cash