

**2011 SHAKOPEE BOYS MYAS GOPHER STATE FALL
BASKETBALL LEAGUE REGISTRATION FORM
GRADES 9-12
SCHOOL YEAR 2011-2012
FALL LEAGUE FEE: \$35.00**

MAKE CHECK PAYABLE TO: SHAKOPEE BOYS BASKETBALL ASSOC.

**TO REGISTER: PLEASE RETURN THIS FORM AND THE \$35.00 FEE TO
JUDY TECHAM AT THE SHAKOPEE COMMUNITY CENTER BY
FRIDAY, SEPTEMBER 16, 2011**

PLAYING DATES: OCT. 23 & 30, NOV. 6, & 13

PLAYERS NAME _____

ADDRESS _____

CITY AND ZIP CODE _____

HOME PHONE _____ **CELL** _____

BIRTHDATE _____

AGE _____ **GRADE 2011-2012** _____

E-MAIL ADDRESS _____

PARENT OR GUARDIAN _____

As lawful consideration for being permitted to participate in the City of Shakopee Parks and Recreation program listed above, I agree that the City of Shakopee, School District #720, and the Shakopee Boys Basketball Association shall be held harmless and exempt from liability for any injury or disability which I or the participant of the program listed above might incur as the result of participation in the program, due to the passive or active negligence of the City, School, Association, its agents or employees. This release of liability of the City of Shakopee, School District #720, and the Shakopee Boys Basketball Association does not include any injuries that I or the participant of the program incur as the result of willful, wanton, or intentional misconduct by the City of Shakopee, School District #720, and the Shakopee Boys Basketball Association, its agents, employees, elected officials, or volunteers. This agreement is specifically binding upon my spouse, heirs, and assigns and the spouses, heirs, and assigns of the participant of the program. With my signature, I verify I have read the above release statements.

Parent or Guardian Signature _____

Date _____

Please call Bob or Judy Techam at 952-445-6029 if you have questions.