



Waseca Basketball Association, Inc.

2021-2022 Registration Form

Registration Fees for 2021-2022

K-3	\$25.00
4 th -8 th	\$125.00
Uniform Fee (\$40 jersey & \$20 shorts)	\$60.00

The uniform fee is for **all** incoming 4th graders and any 5th - 8th grader that needs a new or replacement uniform.

All parents of 4th – 8th graders are required to work one shift at the Waseca Basketball Association, Inc. Boys and Girls Home Tournament. This year's tournaments will be on February 12th (boys) and February 19th (girls).

Player's Last Name _____ First Name _____

Gender _____ Date of Birth _____ Grade _____

Player's Address _____
(Street) (City) (State) (Zip)

Parent(s)/Legal Guardian(s) Name (1) _____

Cell Phone _____ Email Address _____

Parent(s)/Legal Guardian(s) Name (2) _____

Cell Phone _____ Email Address _____

K-3 Program Only T-Shirt Size **YS** **YM** **YL** **AS** **AM**

**Checks can be made payable to Waseca Basketball Association, Inc.
Please complete all forms and mail them with a check to:**

Waseca Basketball Association, Inc.
P.O. Box 682
Waseca, MN 56093

Please indicate here if you have gone to www.connectingkidsmankato.org to apply for a scholarship

www.wasecabasketball.com



Waseca Basketball Association, Inc. Liability/Medical/Insurance Waiver Form

Players Name _____ **Grade** _____

Every boy/girl planning to play on a WBA sponsored basketball team will be required to turn in a parental liability/medical/insurance waiver form before any practice or participation is allowed.

This is to inform parent(s)/legal guardian(s) that the Waseca Basketball Association, Inc. (WBA) will NOT provide accidental, medical or dental insurance for those individuals who choose to participate on WBA sponsored teams. The WBA is asking the individual parent(s)/legal guardian(s) to assume the responsibility of providing accident, medical and dental insurance for practices and games that your son/daughter participates in, through their insurance plans.

I/We, as parent(s)/legal guardian(s), have adequate insurance protection for our son/daughter and assume the responsibility for any accident/injury incurred while practicing or playing in WBA sponsored basketball games or while in transit to and/or from such practice or games.

Parent(s)/Legal Guardian(s) Signature _____ **Date** _____

By signing this liability/medical/insurance waiver form, I/we, parent or legal guardian of participant, accept all responsibility of actions, events and behavior of my/our son/daughter during the course of the season. I/we know of, and acknowledge that my/our child knows of the risks involved in athletic participation, that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating. I/we will not hold WBA, affiliated organization and sponsors, their employees, including the owners of courts and facilities utilized for the program responsible for any theft, injuries, vandalism, accidents, and violations of law, or fatalities during the season.

Parent(s)/Legal Guardian(s) Signature _____ **Date** _____

CONSENT FOR MEDICAL TREATMENT

In the event that you the parent(s)/legal guardian(s) are not present and your child is injured, your signature grants permission to WBA Staff and/or other adults present to use their best judgment in treating or seeking emergency medical care by a duly licensed Doctor of Medicine or Doctor of Dentistry for your child.

Parent(s)/Legal Guardian(s) Signature _____ **Date** _____

Phone _____

In an emergency and the parent(s)/legal guardian(s) cannot be reached, please contact:

Name _____ **Phone** _____



Waseca Basketball Association, Inc.

COVID-19 Waiver Form

Players Name _____ **Grade** _____

I acknowledge the contagious nature of Covid-19 and assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 by attending Waseca Basketball Association events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by Covid-19 may result from actions, omissions, or negligence of myself and others, including but not limited to Waseca Basketball Association board members, coaches, volunteers and program participants and their families. I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child's attendance and participation in the Waseca Basketball Association. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Waseca Basketball Association, its board members, coaches, agents, and representatives, of and from the claims, including all liabilities, claims, actions, damages, cost, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the Waseca Basketball Association, its board members, coaches, agents, and representatives, whether a Covid-19 infection occurs before, during or after participation in any Waseca Basketball Association activity.

Parent(s)/Legal Guardian(s) Signature _____ **Date** _____

www.wasecabasketball.com



Waseca Basketball Association, Inc.

Media Consent Form

Players Name _____ **Grade** _____

I hereby consent to the Waseca Basketball Association, Inc. (WBA) and those acting pursuant to its authority, or with its permission, to taking and/or using photographs, audio or audiovisual recordings made of the above named player in documenting association activities.

I understand that these media images may be released to the public by the WBA in broadcast, print, or Internet media. I also understand that the media images may be used by the WBA for advertising and marketing purposes. These media images may be used in whole or part as long as this is in effect and the WBA has not received notice that this consent has been revoked. I also understand that I am not required by WBA to authorize the above consent.

I further understand that the name of the player may be used in connection with these images unless I have specifically restricted such use below. (Outline any restrictions here)

I release the Waseca Basketball Association, Inc., the WBA Board of Directors and coaches from any and all liability connected with capture or use of these media images.

Parent(s)/Legal Guardian(s) Signature _____ **Date** _____

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