



WILMINGTON TRAVEL BASKETBALL

WINTER 2019 3rd and 4th Grade Skills and Drills

Open to all 3rd grade basketball players in Wilmington Basketball Nation. Also open to 4th graders who are currently not on a Wilmington Travel Basketball Team.

LOCATION: Wilmington High School Gymnasium

DATES AND TIME:

Sunday, January 27 th	4:15 – 5:30 PM
Sunday, February 3 rd	4:15 – 5:30 PM
Sunday, February 10 th	4:15 – 5:30 PM
Sunday, February 17 th	4:15 – 5:30 PM
Sunday, February 24 th	4:15 – 5:30 PM
Sunday, March 3 rd	4:15 – 5:30 PM

PRICE: \$20 for all six sessions of \$5 per session.

These sessions include the opportunities to learn improve and develop as a student-athlete through the sport of basketball. We will set the example by providing unmatched coaching, instruction, mentoring, dedication and leadership to our student-athletes and families. Providing the overall instruction to become the complete player.

Players must bring a water bottle and basketball from home. A reversible jersey (blue/white) is preferred if the player has one.

PLEASE FILL OUT THE REGISTRATION FORM ON PAGE TWO AND BRING IT TO THE FIRST SESSION.

EACH PLAYER MUST HAVE A COMPLETED FORM SUBMITTED BY A PARENT OR GUARDIAN IN ORDER TO PARTICIPATE.

WILMINGTON TRAVEL BASKETBALL
SKILLS AND DRILLS REGISTRATION FORM

To be completed by a parent or legal guardian

PLAYER'S LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ PLAYER'S GRADE _____

ADDRESS _____

MOTHER'S NAME (or legal guardian) _____

FATHER'S NAME (or legal guardian) _____

HOME PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT (other than parents/guardians) _____

EMERGENCY CONTACT PHONE # _____

MEDICAL ISSUES _____

Registration and Consent - Please Read and Sign

I, the parent or guardian of the registrant, a minor, recognizing the possibility of physical injury associated with basketball, and in consideration for Wilmington Travel Basketball, Inc. accepting the registrant for skills and drills sessions, hereby release, discharge, and/or otherwise indemnify the Wilmington Travel Basketball, Inc., its coaches, directors, its affiliated leagues, organizations and sponsors, their employees and associated personnel, including owners of the facilities utilized by Wilmington Travel Basketball, Inc., against any claim by or on behalf of the registrant as a result of the registrant's participation in skills and drills sessions.

Additionally, as the parent or guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry and/or emergency medical personnel. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

I also understand that Wilmington Travel Basketball, Inc. may post or publish a picture of my child on a web site or in print publications and that Wilmington Travel Basketball, Inc. may share my child's name and address with other basketball-related leagues or organizations.

PARENT OR LEGAL GUARDIAN SIGNATURE _____ DATE _____