



## New Holstein Recreation Basketball

# Hoopsters Basketball Registration Form

ci.newholstein.wi.gov

Questions? Kevin Meyer, Basketball Director,  
920-979-7585 or nhbasketballmeyer@gmail.com

For Office Use Only:

Paid CASH / Check # \_\_\_\_\_

\$10 Fundamental

\$20 3rd/4th Grade League

## 5K - 2nd Grade

Boys & Girls  
Fundamentals

**\$10**

This program offers fundamental skill building basketball instruction for boys and girls. Fundamentals are stressed through age related skills and drills.

Saturday Mornings at the New Holstein  
Elementary School Gym : January 7, 14, 21, 28,  
February 4, and 11th



## 3rd & 4th Grade

Boys & Girls  
Fundamentals and League Games

**\$10** Fundamentals

**\$20** League Games

**BOTH**  
**\$30**

This program offers fundamental skill building basketball instruction for boys and girls **PLUS** the opportunity to play league co-ed games.

Fundamental Skills will be held Wednesday afternoons at the New Holstein Elementary School Gym on November 2, 9, 16, 30, December 14, 21, January 4, 11, 18, and 25 from 2:15—3:30 PM. League games will be played in January and February.

Participant Name (Print First Last)	Address	City	Home Phone	Current Grade	Gender M/F	T-shirt Size Adult /Youth
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Which program or programs are you signing up for?  5K—2nd  3rd & 4th Fundamentals  3rd & 4th Fundamentals & League Games

Parent Name (Print First Last)	Cell Phone #	Email
Parent Name (Print First Last)	Cell Phone #	Email

**Registration Deadline: Wednesday, October 12, 2016 Late fee of \$5 after this date.**

Complete form, mail or drop off with cash/check (payable to: **City of New Holstein**).

Mail to: Recreation Basketball, City of New Holstein, 2110 Washington St., New Holstein, WI 53061

**INTERESTED IN VOLUNTEERING?**  **YES** Training for volunteers will be provided. A background check is required and the application form is available at City Hall.

### City of New Holstein Parent & Athlete Concussion Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

#### PARENT AGREEMENT:

I (print) \_\_\_\_\_ have read the Parent Concussion and Head Injury Information at [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

\_\_\_\_\_  
Parent/Guardian Signature Date

#### ATHLETE AGREEMENT:

I (print) \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information at [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

Have you ever experienced concussion symptoms? \_\_\_\_\_

Did you report them? \_\_\_\_\_

\_\_\_\_\_  
Athlete Signature Date

### Waiver of Liability and Release of Claims

I/We will not hold the City of New Holstein or Recreational Department Staff and Volunteers responsible for their negligence in the event of an accident/injury as a result of my child's participation in this recreational program. I/We release and discharge all claims that may arise to us as parents or guardians and to our child.

I hereby waive the right I have to bargain for different waiver of liability forms.

\_\_\_\_\_  
Parent/Guardian Signature Date

### Insurance Information

Medical Insurance Carrier: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special medical conditions/allergies that the coaches should be aware of.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that my child is in good physical health and may participate in all recreational activities. I also give permission for my child to be given emergency medical treatment.

Name of Parent or Guardian: (Print) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_