

**2009**  
**Fast Break Summer Basketball League**

**Note: This form must be signed by a parent or legal guardian if you are under the age of 18 or you will not be able to participate in the Fast Break Summer Basketball League.**

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**Name:**

**Street Address:**

**City:**

**State:**

**Zip:**

**Home Phone Number:**

**Parent/Legal Guardian:**

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**Please mail completed and signed registration form by May 8th, 2009 to:**

**Attn: Roger Maupin  
Eastview High School  
6200 140<sup>th</sup> St. W.  
Apple Valley, MN 55124**

**You May Not Compete Until This Form is Signed And Returned**

Waiver: By signing this document, I agree to each of the following statements: I agree and understand that participating in the Summer Basketball League program, including related games, practice and other activities conducted on the premises of Apple Valley High School or elsewhere (program), is a potentially hazardous activity and that my son/legal responsibility should not participate unless he is medically able and in proper physical condition. I certify that my son/legal responsibility is medically able and in proper physical condition to participate in the Program, and that I am responsible for the decision whether to obtain medical insurance coverage for my son/legal responsibility. I agree to assume any and all risks associated with my son's/legal responsibility's participation in the Program, including but not limited to, those arising from contact with other participants and the affects of heat and humidity. I understand that participation in the Program includes a risk of injury and a potential transmission of infectious diseases such as HIV and hepatitis. I acknowledge that it is impossible to eliminate all known and unknown risks potentially arising through participation in the Program. I hereby, on behalf of myself and my son/legal responsibility, and our respective representatives, successors, executors, heirs, assigns or administrators who might assert a claim or exercise a right on either of our behalves, covenant and agree not to sue and waive, release, discharge, and hold harmless: (a) The Program, (b) its director and staff, referees, sponsors, participating schools and their representatives (Program Representatives), © Apple Valley High School, and(d) anyone acting on their respective behalves, from and against any and all claims, suits or actions arising from death or any personal injury suffered by my son/legal responsibility or relating to property damage of any kind or nature whatsoever, arising out of my son's/legal responsibility participation in the Program.

**Signature Parent/Legal Guardian:**\_\_\_\_\_

**Date:**\_\_\_\_\_