

## **BOLD BASKETBALL BOOSTERS**

### **GIRLS AND BOYS GRADES 4-6**

\*The BOLD Basketball Boosters is a volunteer-run organization that offers girls and boys in 4<sup>th</sup>-6<sup>th</sup> grades a basketball program in which they can develop skills and knowledge in a competitive atmosphere. Players must attend BOLD Schools or St. Mary's School or live within the BOLD school district boundaries.

\*There is NO participation fee! However, the Basketball Boosters Board are requiring each participant to put a \$50 deposit down before they can participate. The \$50 deposit will be returned after jerseys are returned at the end of the season AND at least one family member works one shift at one of our upcoming tournaments. If a certain tournament does not work out for you to work, please contact one of the Board members listed below and we will try to accommodate you. A work schedule will be made at least 10 days prior to the tournaments.

\* Practices and Tournaments: Each team will practice once or twice a week beginning in late November or early December. Practices will be determined by the coach and usually are from 6:30 – 8:00 on weeknights. Coaches will inform families if there are any practice or tournament cancellations. If school is cancelled, NO practices are allowed. Tournaments usually begin in early January and can run through March or April. Most tournaments are on Saturday but some could be on Sundays.

***\* Our BOLD Girl's Tournament will be on Saturday, January 13, 2018***

***\* Our BOLD Boy's Tournament will be on Saturday, January 20, 2018***

\* Equipment: All players must wear tennis shoes in the gym. Please make sure your child changes shoes once they get into the gym for practices and games. There will be NO jewelry worn at practices or tournaments. This includes rubber bracelets and baseball necklaces. Practice jerseys will be given out at the first practice. Reversible game jerseys also will be handed out sometime in December. Game jerseys are to be worn ONLY at tournaments.

***\* Please have registrations turned into your homeroom teacher by November 17<sup>th</sup>!***  
***Registration forms may also be found on our website....BOLDBASKETBALL.COM***

Looking forward to a great year of basketball!!

Thank you!

BOLD Basketball Boosters Board

Curt Weis – President (320-579-0634) jubaweis@gmail.com

Nate Bahl (320-522-0553) nbahl@rccbi.com

Dave Dunn (320-522-4605) dunnd0264@gmail.com

Daren Sagedahl (320-579-0159) [daren.sagedahl@bold.k12.mn.us](mailto:daren.sagedahl@bold.k12.mn.us)

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Jake Brustuen (320) 522-1287 jjbrustuen@gmail.com

# **BOLD BASKETBALL BOOSTERS REGISTRATION FORM**

*(Please have forms turned into HOMEROOM TEACHER or sent to Curt Weis by November 18th)*

Player is: GIRL or BOY

Player's Name: \_\_\_\_\_ Grade: 4th 5th 6th

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

\*\*WAIVER - I hereby agree that my child will participate in the BOLD BASKETBALL BOOSTERS program, and observe and abide by the rules and policies of the program, school, coaches, and all those involved with such program. Registrants understand that participation in any athletic event involves risks and possible injury. Registrants agree to assume all responsibility, including insurance, and hereby waive any and all claims against program directors/officers, schools, coaches, and all those involved with such volunteer program, including, but not limited to, claims based on negligence. Insurance is participant's responsibility.

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

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**BOLD BASKETBALL BOOSTERS  
WEB SITE AGREEMENT**



**WEB SITE.....[BOLDBASKETBALL.COM](http://BOLDBASKETBALL.COM)**



I give permission to use my child's name and/or picture on the BOLD BASKETBALL WEB SITE.

I DO NOT give permission to use my child's name and/or picture on the BOLD BASKETBALL WEB SITE

Signature (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**BOLD BASKETBALL BOOSTERS  
MEDICAL TREATMENT CONSENT FORM**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED TO THE TEAM COACH BEFORE A PLAYER WILL BE ALLOWED TO PRACTICE OR PLAY!

PLAYER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Medical conditions or concerns for coaches (include any medications the coaches need to be aware of):

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

**CONSENT FOR TREATMENT**