



# 4<sup>th</sup> Annual Quad City High School Basketball League & Triple Threat Training Program

OPEN HOUSE Monday, November 26<sup>TH</sup>, 345-5PM AT BEYOND THE BASELINE

Structured and Organized League for High School Athletes

8-10 Game Schedule

Hard Work, Community Involvement, Being the Best

Practices to continue to work on skills, development

Registration Deadline Wednesday, November 28<sup>th</sup>, 2018

Contact: Gary Thrapp – 563-370-2449 or Nick Mcfarlin 563-468-3112

[garyt@beyondthebaseline.net](mailto:garyt@beyondthebaseline.net)

Quad City High School League

Application/Registration

Grade: 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> School Attending: \_\_\_\_\_

Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Phone# \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*I hereby request and consent that my child \_\_\_\_\_ while a patron at the various gyms and locations that are part of the scheduled programs under the jurisdiction of Beyond The Baseline be permitted to participate in all of these programs. I understand that this activity is carried under the risk for participants in regard to any and all incurred injuries while participating in the Beyond The Baseline and Quad City Youth Sports Foundation programs. Therefore, I, the undersigned, do hereby waive any and all claims that I may have hereafter against Beyond The Baseline and Quad Cities Youth Sports Foundation coaches, sub directors, director, owner(s) of the facilities where the injury occurred, for injuries my child may incur while participating in one of these programs. This waiver is valid from October 1<sup>st</sup>, 2018 to August 15<sup>th</sup>, 2019.*

**CONSENT TO RECEIVE MEDICAL TREATMENT IF PARENT/GUARDIAN NOT PRESENT**

*I hereby give consent/permission form my child, while a participant in one of the Beyond The Baseline or Quad City Youth Sports Foundation events, to receive medical treatment in my absence at any hospital, medical clinic, or urgent care, by any qualified physician or any other qualified medical person in case of emergency.*

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