

IOWA STING BASKETBALL Fall 2018 / Winter 2019 BOYS' LEAGUE REGISTRATION

League Location: 380-Sports Complex, 4655 Tower Terrace Rd NE, Cedar Rapids, IA 52411 (Located in building behind Twisters Gymnastics)

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•	When:	October 16, 2018 – February 7, 2019 (League Play) Tuesday Nights (3 rd – 5 th Grade Boys) & Thursday Nights (6 th - 8 th Grade Boys) (No league games Thanksgiving, Christmas and New Year's Weeks)
		February 11, 2019 (3 rd Grade Boys City League Tournament) February 12, 2019 (4 th Grade Boys City League Tournament) February 13, 2019 (5 th Grade Boys City League Tournament) February 14, 2019 (6 th Grade Boys City League Tournament) February 18, 2019 (7 th Grade Boys City League Tournament) February 19, 2019 (8 th Grade Boys City League Tournament)
•	Time:	Game start times between 5:00 - 8:00 pm (league play and league tournament games)
•	Entry Fee:	\$750.00 per team (covers league play and league tournament). See payment details below.
•	Extras:	League Play gate admission fee of \$1.00 per spectator. Kids 12 & under free. City League Tournament gate admission fee of \$5.00 per spectator. Kids 12 & under free.
•	Format:	Age groups will consist of 3 rd , 4 th , 5 th , 6 th , 7 th and 8 th Grade Boys Each team will have 14 games for the season, based on an 8 team capacity in each age division Each game will be two, 16 minute halves Referees will be IHSSA Certified League standings will be posted each week to determine seeding for the City League Tournament Each team will get minimum of 3 games in City League Tournament
•	Awards:	City League Champions in each age division will receive one Team trophy and Individual medals City League Runner Ups in each age division will receive Individual medals

Registration Information:						
Team Name:	Coach Name:					
Coach Email:	Coach Cell/Contact I	Coach Cell/Contact Phone:				
Coach Address:	City:	State: Zip				
Age Division (Circle One): 3rd Grade	4th Grade 5th Grade 6th Grade	7 Grade 8th Grade				

Payment Information and Program Contacts

Web Address: iowastingbasketball.com

Checks payable to Iowa Sting Inc., and mail to:

Iowa Sting Basketball Fall 2018/Winter 2019 Boys' League PO Box 10184 Cedar Rapids, Iowa 52410

For questions, please email <u>youthhoops@iowastingbasketball.com</u> or text/call numbers below:

Rich Velazquez (319) 360-6287 Tom Hayward (319) 521-0525 Tim O'Shea (319) 350-7981 Director & Coach Co-Director & Coach Finance Manager & Treasurer

All applications submitted must have the attached Liability Waiver completed and signed.



Iowa Sting Basketball Fall 2018/Winter 2019 Boys' League Liability Waiver

I the parent/guardian of the below listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Iowa Sting, Inc., its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Iowa Sting, Inc. will cause the participant to be removed from the Program.

Team Name:		Coach:				
Division (Circle One): 3	rd Grade	4 th Grade	5 th Grade	6 th Grade	7 th Grade	8 th Grade
Player Name		Parent or Guardian Signature				