



FIND US ON FACEBOOK @
BOONE BASKETBALL CLUB or
our website:
therestofitmatters.com

2023 BOONE BASKETBALL CLUB GIRLS REGISTRATION

Our goal is to serve the 1st-6th grade student-athletes of the Boone community in helping them grow and develop both on & off the basketball court. The **2023 GIRLS** season will consist of group practices led by Boone High School Coaches as well as 3v3 games for grades 4-6 in October. Grades 1-3 will be more skills based and will be on Saturdays in Nov-Dec.

2023 GIRLS BOONE BASKETBALL CLUB DATES (Times & Locations TBD)

4th-6th Skills—10/2, 10/3, 10/10, 10/16, 10/17, 10/23, 10/24 **4th-6th 3v3 Games**—10/7, 10/14, 10/21, 10/28

1st-3rd Skills and 3v3—11/11, 11/18, 12/2, 12/9, 12/16

COMPLETE ONE FORM PER CHILD

T-Shirt Size: YS YM YL YXL - S M L XL **Grade Level:** 1st 2nd 3rd 4th 5th 6th

Participant's Name _____

Address _____ Date of Birth _____

City _____ State _____ Zip Code _____

Parent/Legal Guardian's Name _____

Cell Phone _____ Work Phone _____

E-mail Address _____

Fees Due: 4th-6th (\$50), 1st-3rd (\$25) CASH or CHECK (made out to: BOONE BASKETBALL CLUB)

The Boone Basketball Club is looking for volunteers to help coach at Skills Sessions, 3v3 games, and possibly as Travel Team coaches after the rec season concludes. If you are interested in helping please contact coaches or Boone Basketball Club via email or Facebook.

Previous coaching experience is NOT necessary.

We will plan to have a coaching clinic as the season starts, and share practice plan recommendations to coaches.

Coaches Name _____ Phone _____

E-mail Address _____

PLEASE REGISTER ONLINE AT: therestofitmatters.com OR RETURN ALL COMPLETED FORMS /PAYMENT TO SKILLS CAMP SESSION OR MAIL TO:

BOONE BASKETBALL CLUB
689 P Ave.
BOONE, IA 50036



2023 BOONE BASKETBALL CLUB WAIVER FORM

COMPLETE ONE FORM PER CHILD

Participant's Name _____ Current Age _____

Emergency Contact Name _____

Emergency Contact Phone # _____

Insurance Carrier _____

Insurance Policy # _____

List Allergies or Medical Conditions _____

Agreement, Waiver and Release of Minor

I am aware that participation in the Boone Basketball Club has some inherent risks and injury can occur. I hereby authorize the directors and coaches of the Boone Basketball Club to act for me according to their best judgement in any emergency requiring medical attention to my son/daughter. I waive and release the Boone Basketball Club, it's coaches, volunteers, Boone Community Schools, and Boone Community School District from any and all claims for personal injury. I will be responsible for any medical or other charges in connection with his/her involvement in the program. I hereby expressly permit said minor child to travel by private automobile with Boone Basketball Club staff or coaches, to activities and events related to the basketball program. I hereby give consent to allow photographs of said minor. I understand that pictures of said minor may be used by Boone Basketball Club for promotion and advertisement. I attest I am eighteen years or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. I have read this waiver and agree to the contents.

Parent/Guardian Signature _____ Date: _____