

# Youth Competitive Basketball League

## PARTICIPATION WAIVER

Each participating child's parent must complete this form.

Please print first and last name

Players Name:

---

Girl  Boy

Grade:

---

Parents Name:

---

Address:

---

---

City/State/Zip:

---

Phone:

---

### MUST READ AND SIGN FORM TO PARTICIPATE:

I the undersigned hereby expressly and affirmatively state that my child wishes to participate in the programs offered by Total Fitness Rec Center. I realize that their participation in these activities involve risks of injury, including but not limited to muscle strains, sprains, shin splints, tendonitis, back injuries, heart attack and even the possibility of death. I also realize that there are many other risks of injury including serious and disabling injuries due to their participation in these activities and that it is not possible to specifically list each and every individual risk. However, knowing the material risks and that other injuries and even death are a possibility, I hereby expressly assume all of the outlined risks of injury, all other possible risk of injury and even death which could occur by reason of their participation. I have had an opportunity to ask questions. Any questions which I have asked have been answered to my complete satisfaction.

Parents Signature:

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1110 16th Avenue Court SE  
Dyersville, IA 52040-2374  
Phone: 563-875-2727  
E-mail: totalfitness@dyersville.com  
<http://totalfitnessdyersville.com>

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