

**BURNSVILLE ATHLETIC CLUB (BAC)
BOYS IN-HOUSE BASKETBALL REGISTRATION
SEASON STARTS JANUARY 2007**

PLAYER INFORMATION	
Players Name: _____	Neighborhood School: _____
Address: _____	Current Grade: _____
City: _____	Date of Birth: _____
Zip Code: _____	Home Phone Number: _____

PARENT/GUARDIAN INFORMATION			
Parent/Guardian (1)	Name: _____	Parent/Guardian (2)	Name: _____
Parent/Guardian (1)	Home Phone #: _____	Parent/Guardian (2)	Home Phone #: _____
Parent/Guardian (1)	Work Phone #: _____	Parent/Guardian (2)	Work Phone #: _____
Email Address: _____		Email Address: _____	

BURNSVILLE ATHLETIC CLUB (BAC) WAIVER

As the parent or legal guardian of the child's name above, I hereby give my full consent and approval for my child to participate as a team member in the BAC Boys In-House Basketball Program. We will abide by the rules of the BAC and its affiliated organizations and sponsors.

I understand that there are certain risks of injury inherent in the practice and play of the sport as well as in traveling and other related activities to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby verify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In addition to giving my full consent for my child's participation, I hereby waive, release and hold harmless the Burnsville Athletic Club, its officers, coaches, sponsors, supervisors, volunteers and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or by any other cause. I have read and accept the terms and conditions thereof. I also waive, release and hold harmless the Burnsville Athletic Club, its officers, coaches, sponsors, supervisors, volunteers and representatives for any property damage that may be suffered by me or my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or by any other cause.

I understand that part of the fee paid pursuant to the registration herein is for the purposes of purchasing supplemental health and accident insurance.

I agree that all grievances that I have as a result of my child's participation in the designated sport shall be handled through the BAC grievance committee using the BAC grievance procedure.

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

FEES: Payable to BAC Boys In-House Basketball	
Fee for Grade 3 through 6 - \$105	
Fee for Grade 7 through 12- \$115	
Clinic	
Start Late fee November: \$30	
Total	
Check #(or "C" for cash)	

VOLUNTEERS NEEDED
Volunteer Position: _____ (e.g. Coach, Asst. Coach, Grade Coordinator, or "will help anywhere")

INFORMATION
BAC HOTLINE: 952.895.4425
WEB-SITE: www.bacbasketball.com

Original Copy: BAC

Yellow Copy: Grade Coordinator

Pink Copy: Parent/Guardian