



RICHARD E. WORKMAN

**Sports & Wellness
Complex**

Workman Basketball League 2nd & 3rd Grade

Participant Name _____ Age _____ Birthdate _____

Parent/Guardian Name _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

I _____ (Parent/Guardian) have enrolled _____ (Child's Name) in a program of strenuous physical activity, offered by The Workman Sports & Wellness Complex (WSWC). I hereby affirm that I am or the above person is in good physical condition and does not suffer from any disability that would prevent or limit participation in this program. In consideration of myself, my heirs and assigns, hereby release by the WSWC from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the WSWC, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at the WSWC or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by the WSWC, for any reason. I agree that my or my child's picture or likeness can be represented and published in any by the WSWC. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature of Parent/ Guardian: _____ Date: _____

- **Registration opens: Monday, October 12th 2020**
 - **Registration closes: Tuesday, November 17th 2020**
 - **Season tipoff: Saturday, January 9th 2020**
 - **Skills Assessments:**
 - **Monday November 16th: 6:30 – 7:30 pm**
 - **Tuesday, November 17th: 6:30 – 7:30 pm**
- (Please circle the time option that works best for you)**

Please circle the appropriate jersey size:

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

Program Fee: Member: \$60.00 Non-Member: \$85.00 Coaches: \$20.00

For Office Use Only

Payment Method: Cash _____ Check _____ Credit Card _____ Amount _____

Date Paid _____ Processed _____ Employee _____