



YOUTH BASKETBALL “SPOT SHOT” CONTEST
Parent Waiver and Contest Form
(PLEASE PRINT INFORMATION)

PARTICIPANT’S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: () _____

AGE OF PARTICIPANT AS OF LOCAL COMPETITION DATE: _____

LOCAL COMPETITION HOST COMMUNITY: _____

DATE OF BIRTH (M/D/Y): _____ GENDER: ____ M ____ F

PLEASE LIST ANY PHYSICAL LIMITATIONS (ALLERGIES, HEARING, SIGHT, ETC.)

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as an individual in the IPRA Youth Basketball Spot Shot Contest. I understand that there are certain risks of injury inherent in the practice and play of basketball, as well as in traveling and other related activities incidental to my child’s participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this 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, except as listed below.

In addition to giving my full consent for my child’s participation, I do waive, release and hold harmless the Iowa Park and Recreation Association, its officers, sponsors, the local sponsoring agency, supervisors, the Ahrens Foundation (state finals location) and representatives for any injury that may be suffered by my child in the normal course of participating in the Youth Spot Shot Basketball Contest and the activities incidental thereto, whether the result of negligence or any other cause. I give permission for the free use of my name is of the age said to be listed above on the date of competition and the date of birth is correct.

Typing your name in field space acknowledges the aforementioned information is correct and I/we understand waiver: _____ Date: _____

PLEASE RETURN THIS REGISTRATION FORM ALONG WITH ENTRY FEE TO YOUR LOCAL COMPETITION COORDINATOR.