

Falcon Women's Basketball Buddies

Presented by:

UW-River Falls Falcons

Women's basketball



Want to have a fun while learning more about Falcon Women's Basketball?
Then come join the UWRF Women's Basketball team as they present
Falcon Basketball Buddies.

Each week you will have the opportunity to interact with the 2009-10 UWRF Women's Basketball team while participating in drills, games, fun activities, and more.

Contact Coach Cindy Holbrook at cindy.holbrook@uwrf.edu
or phone 715-425-3250 with questions.

We hope to see you there!

Who: *Girls, Grades 1-8*
Where: *UWRF Karges Gym*
When: *Mondays, 6:15-7:30 P.M.*
Dates: *September 28 – October 19*
Cost: *\$40 Registration*



Registration fee includes:

Basketball instruction, Falcon t-shirt, 4 women’s basketball game tickets, and participation at halftime of a Falcon women’s basketball home game.

FALCON WOMEN’S BASKETBALL BUDDIES REGISTRATION FORM

NAME: _____ **GRADE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE: _____ **E-MAIL** _____

PARENT(S)’ NAME(S): _____

CHECKS PAYABLE TO: UWRF WOMEN’S BASKETBALL FOUNDATON

MAIL TO: UW-River Falls Women’s Basketball, Basketball Buddies, Hagestad Hall 123N, RIVER FALLS, WI 54022

Hold Harmless/Notice of Insurance

ASSUMPTION OF RISK: I understand that participation in this voluntary activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I know, understand, and appreciate the risks that are inherent in this program.

INSURANCE INFO: All UW-River Falls camp participants are required to be covered by personal medical insurance. The UW-System insurance provides primary insurance coverage with limited accident coverage of \$1,000 only.

HOLD HARMLESS, INDEMITY AND RELEASE: In consideration of permission for my child to voluntarily participate in the Falcon Basketball Camps, I agree to defend, hold harmless, indemnify, and release the Board of Regents of the UW-System, the University of Wisconsin-River Falls, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of actions of any sort on account of damage to personal property, or personal injury, or death which may result from my child’s participation in the above listed program. This release includes claims based on negligence of the Board of Regents of the UW-System, the UW-River Falls, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.

CONSENT FOR EMERGENCY TREATMENT: I authorize the University of Wisconsin-River Falls and their designated representatives to consent, on my/my child’s behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Participant Name: _____

Parent/Guardian Signature: _____

Date: _____