



# 2008-09 SSDS Slammers

All Second through Fifth Graders are Invited to Sign-Up

Please fill out this form completely, sign and date the release and make your \$85 check payable to "Solomon Slammers" and return to SSDS Elementary School office by November 14 - Attention: Solomon Slammers

Program Dates: December: 7, 14, 21; January: 11, 25; February: 1, 8; March: 1, 8, 15.  
Program Times: 2<sup>nd</sup>/3<sup>rd</sup> Grade 9-10 AM; 4<sup>th</sup>/5<sup>th</sup> Grade 10:15-11:15AM.

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Boy\_\_ Girl\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

E-mail Address (**Mandatory for communication**) \_\_\_\_\_

School: \_\_\_\_\_ Grade Sept. '08 \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Uniform Size: Jersey: YM, YL, AS, AM, AL (Chose One)  
Shorts: YM, YL, AS, AM, AL (Chose One)

I would like to volunteer as a \_\_\_ Coach \_\_\_ Assistant Coach.

I am interested in sponsoring a team please contact me \_\_\_\_\_.

Please contact Matt Fineman at MattFineman@hotmail.com; Michele DiRuggiero at lol421@aol.com; or Michael Kohler at mbij5@yahoo.com with any questions or visit www.solomonslammers.com

## Season Begins December 7

### Deadline for Sign-Up is November 14!!!

#### Release

In consideration of the Solomon Slammers allowing my child to participate in its program, I, the parent or legal guardian, hereby approve of my child's participation in the SSDS Slammer for the 2008-2009 season. Recognizing the possibility of physical injury associated with basketball and/or aggravation of an existing physical condition and the consequences that follow, I assume all risks and hazards of my child's participation in such activities, including the transportation to and from such activities. I hereby waive, release and/or otherwise indemnify and agree to hold harmless the SSDS, SSDS Slammers and its respective agents, commissioners, coaches, asst. coaches, and any individual officiating at any activity, from any claim arising out of an injury or illness to my child, whether the result of negligence or from other course. I understand and agree that registration fees are non-refundable.

My child has received a physical examination by a physician and has been found capable of participating in basketball activities without restriction.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_