



2009-2010 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 13 - Attention: Solomon Slammers

Program Dates: Dec: 6, 13, 20; Jan: 10, 24, 31; Feb: 7, 28; (make-up date March 7)
Program Times: 2nd/3rd Grade 9-10 AM; 4th/5th 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. '09 _____ 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 ____ Team Sponsor at \$100/team

Please contact Matt Fineman at MattFineman@hotmail.com or Michael Kohler at mbij5@yahoo.com with any questions

Season Begins December 6 Deadline for Sign-Up is November 13!!!

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 2009-2010 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 _____