

# GIRLS REEDSBURG AREA YOUTH BASKETBALL -RAYB REGISTRATION

**Download/Print forms at [reedsburgsports.net/basketball](http://reedsburgsports.net/basketball)**

**SATURDAY MORNING CLINICS (grades 4-8)** *Players work on skills and drills and play games in January and February* (Specific dates to be announced)

- **Instruction provided by High School Coaching Staff and Players**
- **Grades 4 & 5 play from 10 am to 11 am**
- **Grades 6, 7 & 8 play from 10 am to noon**
- **Webb Middle School**
- **Cost \$35**

**RAYB - Reedsburg Area Youth Basketball Travel (Club) Teams (grades 4-8).** *Players join teams that compete in Tournaments*

- **Weekend Tournaments Traveling Teams**
- **Weekly Practices**
- **Grade 7 & 8 play and practice from Mid October thru December**
- **Grade 5 & 6 play and practice from Mid December thru February**
- **Cost \$75 (not including uniforms)**

Check the following –Players are ENCOURAGED to participate in BOTH the Saturday Morning Clinics & RAYB

\_\_\_\_\_ My daughter would like to attend Saturday Morning Clinics \$35

\_\_\_\_\_ My daughter would like to participate in RAYB Travel \$75

\_\_\_\_\_ My daughter would like to participate in BOTH the Saturday Morning Clinics and RAYB \$90

## Application/Waiver

Name: \_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Mothers Name: \_\_\_\_\_ Fathers Name: \_\_\_\_\_

Parents Emails: \_\_\_\_\_

T-Shirt Size:      S      M      L      XL

Insurance Company you have a Health policy with \_\_\_\_\_

Is your child presently taking any medications? \_\_\_\_\_

Is your child allergic to anything? \_\_\_\_\_

*I hereby authorize coaches to act for me according to their best judgment in any emergency requiring medical attention for my daughter. I hereby state that I am aware of and accept the risk inherent in the program activity. The below signed does hereby agree to hold harmless and indemnify the State of Wisconsin, the School District of Reedsburg, their offices, agents, employees and anyone associated with these basketball events from any and all liability, loss, damage, costs, or expenses which are sustained, incurred, or required arising of my dependent in the course of the camp.*

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN ALL REGISTRATION FORMS TO:**

**RAYB, PO BOX 201, REEDSBURG, WI 53959**

**Register by July 23!!!!**

Please forward questions or comments to our email box: [rayb@reedsburgsports.net](mailto:rayb@reedsburgsports.net)