

# Aurora Turner Club Big Shots Basketball



This is an introduction to the sport of basketball in a game and practice type setting. Each child will learn drills and will get a chance to play at least half of each game. Have fun in a great sports environment!

Where: Aurora Turners Sports Complex

When: Oct. 30<sup>th</sup> – Dec. 16<sup>th</sup>

**Registration Deadline Oct. 11<sup>th</sup>**

Games: Saturday morning/afternoons, times TBA

Practices:

Co-ed **4yrs-K** - Tuesday 5-5:45pm

Co-ed **Grade 1-2** - Wednesday 5 – 6 pm or

Co-ed **Grade 1-2** - Wednesday 6 - 7 pm

Co-ed **Grade 3-4** - Tuesday 5:45—6:45 pm

Co-ed **Grade 3-4** - Thursday 5 –6 pm or

Co-ed **Grade 3-4** - Thursday 6 - 7 pm

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

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

Practice Day & Time: \_\_\_\_\_

Jersey Size \_\_\_\_\_ YS, YM, YL, AS, AM, AL

**\*All new players must purchase a jersey for \$15. Players with a red/white BSB jersey that fits do not need to order.\***

**5<sup>th</sup> & 6<sup>th</sup> Grade Boy's Only**

Games: Saturday evenings, times TBA

Practices:

Boys **Grade 5-6**- Monday 5-6p or

Boys **Grade 5-6** – Monday 6-7pm

**Program Fee:**

\$50- Member

\$60- Non-members

Program Fee: \_\_\_\_\_

Jersey Fee \$15(only if needed): \_\_\_\_\_

Total Fee: \_\_\_\_\_

Special Request:

Main Contact: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(H) \_\_\_\_\_ Emergency Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Volunteer Coach: Yes or No**

Mail In Registrations: Make check payable to AURORA TURNERS CLUB  
Mail to: Aurora Turners Sports Complex 500 E. Indian Trail Rd., Aurora, IL 60505

**Drop off registrations at Sports Complex on Monday-Thursday from 11:00am-7:00pm**

Please sign reverse side — For additional information contact: Sean Fichtel, Athletic Director (630) 859-2267 Ext. 22

\*Registrations accepted until filled

**PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGEMENT OF RISK**

In consideration of the services of Aurora Turners, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in capacity on their behalf (hereinafter collectively referred to as "Aurora Turners"), I hereby agree to release and discharge Aurora Turners, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that Basketball entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.  
**The risks include, among other things:** Collision with other players , umpires, the walls or other fixed objects; falling down; my own equipment failure or the failure of other's equipment; my own or other's negligence; objects or conditions on the playing surface that may cause me to fall; broken bones; sprains; head, neck and back injuries; abrasions; and bruises.  
Furthermore, Aurora Turners employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Aurora Turners from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Aurora Turners's equipment or facilities, **including such Claims which allege negligent acts or omissions of Aurora Turners.**
4. Should Aurora Turners or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against Aurora Turners, I agree to do so solely in the state of Illinois, and I further agree that the substantive law of that state shall apply in this action without regard to the conflict of law rules of that state.
7. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

**By signing this document, I agree that if anyone hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Aurora Turners on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone with area code (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**  
**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's name) ("Minor") being permitted by \_\_\_\_\_ to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

(If notarization is necessary, please sign & stamp this side of form.)

If injured, to which hospital would you like conveyance? \_\_\_\_\_