

2021 Iowa CornSharks Basketball Summer High School Boys Team Try-Outs!!

(To Be 9th – 12th)

Sunday April 11th 2021
6pm – 8pm – High School Boys
@
Perry High School
1200 18th St.
Perry, IA 50220

No Try Fees

- 17U & 16U Under Select Team (Boys Varsity Level Team)
- 15U & 14U Under Regional Team (Boys Junior Varsity Level Team)

Tentative 2021 Summer Schedule is available on the website
www.IowaCornSharksBasketball.com

PRE-REGISTRATION SHEET (Fill Out and Mail In ASAP)

Name: _____ Birth Date: _____
School: _____
Grade: 9 10 11 12(circle one) Position(s): 1 2 3 4 5 Height: _____
Contact Information:
Mailing address: _____ City: _____ Zip: _____
Home Phone: _____
Email: _____
Cell

Please make sure to give correct/updated contact information. We will evaluate every player and send out an email with a possible Select Bid Acceptance Response or Regional Bid Acceptance Response for any specific criteria we need filled within our program. These bids are time sensitive and if not responded to within the given time frame we will bypass the bid to the next available player.

Checks should be made to Iowa CornSharks Basketball and mailed to:

David Morris, 924 Division St., Boone, IA 50036
CoachMorris@IowaCornSharksBasketball.com, Cell: (515) 230-5888

2021 PARENT OR GUARDIAN CONSENT WARNING: COVID-19

I acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or death. I acknowledge that I have read and understand this warning.

Having been informed of the above risk, I do hereby give my consent for:

_____ (Name of Athlete) to participate in the Iowa CornSharks Basketball Program.

In consideration of acceptance to participate, I release and agree to hold harmless Coaches David Morris, John Kubrak, , Kaleb Badker, Kyle Badker, , Dwight Gingerich, Perry Community Schools or Staff Members and the Iowa CornSharks Basketball Program, and anyone associated with the Iowa CornSharks Basketball Program from all claims on account of any injuries, damages, and losses which may be sustained by my/our son while participating in game activities, practices, tournament play, traveling/transportation and anything thing else in association with the Iowa CornSharks Basketball Program. I am voluntarily requesting permission for my child to participate in the Iowa CornSharks Basketball Program.

Please Check Box: I acknowledge COVID-19 is at higher risk within a contact sport and release the above mentioned if there is contacted coincidence or possible exposure and/or contamination to any player or participant and hold no one at fault including the Iowa CornShark Basketball Program and staff.

MEDICAL HISTORY

I further certify that the participant's present level of physical condition is consistent with the demands of active participation in the game of basketball. Following is a full and complete list of all of my known health conditions that might affect my ability to participate:

Allergies: _____ Medicines: _____

EMERGENCY CARE

I authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency that, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

INSURANCE

I understand the Iowa CornSharks Basketball Program carries no insurance of any kind to cover medical expenses which may occur from participation in game activities, practices, tournament play, traveling and anything thing else in association, and will not be responsible for any such expenses. I agree that I have adequate insurance to cover my child for any medical expenses incurred while participating or I will assume all such expenses myself personally.

Policy Owner: _____ Policy Number: _____

Medical Insurance Company: _____

I have read and fully understand the above program details, Parent Consent, Waiver and Release of All Claims, Permission to Secure Treatment, and Insurance.

Signed: _____ Date: _____
(parent or guardian)

Signed: _____ Date: _____
(player)

This form must be signed and on file with the Iowa CornSharks Basketball Program before participation will be allowed.

Please return this form to: David Morris, Iowa CornSharks Basketball, 924 Division St., Boone, IA 50036