



2019-2020
Middle School Basketball Registration
Grades 5-8

Thank you for your interest in being a part of the Aspen Eagles Middle School Basketball team. Included in the packet, you will find information about weekly practices, home and away game schedules, and participation waivers. Please complete a registration form for each child and return to the office. Registration closes on Monday, November 11, 2019. **Participation Fee of \$ 175.00** (checks made payable to Aspen Academy) is due at the same time as registration.

Child's Name: _____

Grade: (circle one) 5 6 7 8 Age: _____

Address, City, Zip _____

Basketball Experience: _____

Jersey Size (circle one)

SIZE	AS	AM	AL	AXL
CHEST	44"	46"	49"	52"
LENGTH	30"	31"	32"	33"

Parent/Guardian Name: _____

Email Address: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Phone: _____

Family Doctor/Clinic: _____ Phone: _____

Hospital in case of emergency: _____ City: _____

Medical Conditions: _____

Other Considerations: _____

Schedule: Season start date: Monday, November 18th, Season end date: Thursday, February 27th

Practice dates: Mondays, Tuesdays, Thursdays

- November: 18, 19, 21, 25, 26
- December: 2, 3, 5, 9, 10, 12, 16, 17, 19
- January: 2, 6, 7, 9, 13, 14, 16, 20, 21, 27, 28, 30
- February: 3, 4, 6, 10, 11, 13, 18, 20, 24, 25, 27

Game Schedule: *Information coming soon*

Coach: Alan Hergott Phone: 952-226-5940 x136 email: alan.hergott@aspenacademymn.org



K- 8th Free Public Charter School

2019-2020
Middle School Basketball Waiver
Grades 5-8

I/We, the parents/guardians of _____ hereby give my/our consent to his/her participation in the Aspen Eagles Basketball Program during the current school year. **I/We understand our child must maintain passing grades, be in positive standing with THINK principles and attendance, and attend scheduled practices/games.** I/We understand our responsibility of transportation to and/or from practices and games. Coaches and/or staff are unable to provide transportation to students. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen.

Therefore, in exchange for Aspen Academy allowing my/our child to participate in Aspen Eagles Basketball, I/We understand and expressly acknowledge I/We waive, release, absolve, indemnify, and agree to hold harmless Aspen Academy, the Board, administration, staff, organizers, sponsors, supervisors, coaches, volunteers, participants, and persons transporting my/our child to or from practices/games, for any claim arising out of an injury, loss, or damage to me/us or my/our child to the extent covered by accident or liability insurance.

I/We understand that this release includes any claims based on negligence, action, or inaction of Aspen Academy, its board, administrators, directors, staff, and volunteers.

I/We understand that the Participation fee must be paid with the registration form and is non-refundable if the participant listed is unable to attend.

Student Name: _____ Parent/Guardian Name: _____

Student Signature: _____ Parent/Guardian Signature: _____

Date Signed: _____ Date Signed: _____



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Game Date	Home	Away