



OFFICIAL K.A.B.A. YOUTH



BASKETBALL SIGN-UP!

The leagues and teams for our Fall and Winter Season 2007-2008 are forming. League meetings have begun and coaches are being informed of the start of both the Boys and Girls 3rd Grade through 8th Grade. . If your child will be entering our Youth Basketball league please fill out the form below and mail along with fee to address as given. One form for each child must be sent. Any questions can be forwarded to Tim Krupp 920-894-7332, or e-mail questions to ptkrupp@aol.com. It is expected that parents of children in League/Tournament play participate in K.A.B.A fundraising activities as they are assigned throughout the season in support of our association.

PLEASE SIGN UP @ KIEL MIDDLE SCHOOL @ 5:00 PM SUNDAY SEPTEMBER 16 TH

*******MAIL COMPLETED ENTRY FORM BY SEPTEMBER 23, 2007 TO:*******

TIM KRUPP 1227 6TH ST APT 2 KIEL WI 53042

Name of Player _____ Grade _____ M F

Name of Parents _____ Phone # _____

Address _____

School Attending _____

Birth Date of Student _____ e-mail _____

Fee Amount Included (based on info below) \$ _____

(All participating athletes require a K.A.B.A. Jersey for League and Tournament play, Jersey becomes athletes property upon issuance)

Fees: \$45.00 for League Play and K.A.B.A Jersey required

(Circle Size) Child M Child L Adult S Adult M

\$ 30.00 for League Play and HAVE K.A.B.A. Jersey from previous year(s)

Jersey # _____

I hereby waive any claim or liability on K.A.B.A. (Kiel Area Basketball Association) and or KASD (Kiel Area School District), it's officers or members arising out of the use of the facilities. I further agree that I will indemnify and save harmless K.A.B.A and /or KASD from any claims of every kind and description which may be brought against K.A.B.A., and/or KASD on account of death, injury, or damage to persons or property received by any persons by reason of acts or omissions of the users in their use. I understand the above responsibilities and I give permission for my child to participate in K.A.B.A. activities, and by signing below grant this permission.

Parent/Guardian

Signature _____ Date _____