

October 25, 2014 IACO Basketball Officials Clinic

Advance Registration Form

Advance Registrations must be postmarked on/before October 19, 2014 to get \$30 Rate
Registrations postmarked after October 19, 2014 will not be processed unless accompanied by the door registration fee
of \$40. Payment must accompany registration.

<p>Advance Registration \$30.00</p> <p>Please make check payable to: IACO INTER-ATHLETIC COUNCIL OF OFFICIALS</p> <p>Mail to: Tim King IACO Clinic Registration 2492 Anna Way Elgin, IL 60124</p> <p>Registrations postmarked after 10/19/2013 will not be processed unless accompanied by the door registration fee of \$40</p>	<p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: ____ Zip: _____</p> <p>Home Phone: (_____)</p> <p>Email Address: _____</p> <p>I want to be emailed about future IACO clinics and training: YES NO</p> <p>IHSA ID#: _____</p> <p>Experience (circle one): 0-2 yrs, 3-5 yrs, 6+ yrs, Playoffs</p> <p>I Plan to Attend (circle one): Track 1 (New Officials), Track 2 (2-Person), Track 3 (3-Person)</p> <p>Local Officials Association Membership(s): _____</p>
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HOLD HARMLESS AGREEMENT

The following "Hold Harmless Agreement" must be signed or registration will be deemed to be incomplete and you and/or your child/ward will not be allowed to participate in the clinic.

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you and/or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services and vehicle operations, when provided). I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward and/or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I and/or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against IACO, including its officers, board members, agents, program clinicians, instructors and staff. I hereby authorize and give my consent to IACO to photograph/video my child and/or me and, without limitation, to use such photographs/video in connection with promoting/advertising the services, programs, and facilities of IACO, without consideration of any kind. I have read and fully understand the above important information, warning of risk, assumption of risk, waiver and release of all claims, and photo/video authorization.

Signature of parent/guardian or adult participant

Date