



Slam Dunk for Diabetes Basketball Camp

FREE ONE DAY CLINIC!

For children ages 5-18 with Type 1, Type 2, and Pre-Diabetes.

Lane Middle School

1300 S. 109th St West Allis, WI 53227

Sunday, March 20nd 2016

Time: 9:30 a.m.-12:30 p.m.

Submit by: March 13th, 2016.

For more information call:

Monica Joyce 773-636-3353

You can be young, have diabetes, and still have FUN!

YES You Can!

Please bring your own meter.

**Sponsored by NovoNordisk and
Alpha Gamma Delta Foundation**

**Get ready to get in the game, exercise and learn while
having a great time! And best of all its FREE!**

SPACE IS LIMITED!

Mail registration to : Jodi Borck- Slam Dunk
8611 W. McMyron
West Allis, WI 53214

Visit us on the web at slamdunkkids.org

Please complete registration below:

Participants Name: _____ Age _____ Email Address: _____ Type 1 Type 2

Participant Address: _____
Street address City State Zip Code

Home Telephone Number: _____ Emergency Telephone Number: _____
Area code Area Code

Physician's Name _____ Physician's Phone Number _____ TShirt Size _____

Allergies _____

Parents and /or Guardians Must attend check-in to meet with the medical staff. Please bring your meter.

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE: As a parent or legal guardian for _____ (the participants) I hereby give my consent to Participants participation in the program to be held at UIS. I acknowledge that participation in the program involves the risk of personal injury to participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the program, I, on my own behalf and on behalf of Participant, Participant's heir, administrators, executors, and assigns hereby (I) fully release and discharge Moses E. Cheeks Slam Dunk for Diabetes, UIS, and all of its affiliates (the Releasees), from any and all claims, demands, liabilities or causes of action of whatsoever kind or nature, in longevity or otherwise, based on fault or negligence of the Releasees (iii) covenant not to sue any of the Releasees for any matter relating to participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasee.

Participant Parents/Guardians Printed Name: _____ Parent/Guardian Signature: _____