



Moses E. Cheeks Slam Dunk for Diabetes



WEST COOK YMCA

Slam Dunk for Diabetes is happy to announce it is partnering with The West Cook YMCA providing a basketball clinic for children ages 5 to 18 with type 1, type 2 diabetes or pre-diabetes.

West Cook YMCA

255 S. Marion St., Oak Park, IL 60302

The West Cook YMCA member parking lot is located on the North side of the YMCA building. Members and guests can access this lot via the alley off of Randolph St. (between Marion and Maple).

Participants may bring a friend or sibling for \$5.

Please bring blood glucose meters.

Date: Sunday, April 3rd, 2016

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

\$20 Registration Fee

Please complete registration below

Submit by March 26th, 2016

For more information call:

Monica Joyce 773-636-3353

Fax Registration to: 1-800-933-9101

Or send to:

541 Kincaid, Highland Park, IL 60035

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 _____

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

Friends Name: _____ Age _____ Emergency Contact # for friend _____

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 it affiliates (the Releases), 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 Releases (iii) covenant not to sue any of the Releases for any matter relating to participant's participation in the Program, and (iii) indemnify, defend, and hold Releases 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 Releases and constitutes a complete release of liability by me and by Participant in favor of the Releases. 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 Release.

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

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