



# Slam Dunk for Diabetes

**Slam Dunk for Diabetes is happy to announce it is partnering with the Glencoe Park District providing a basketball clinic for children ages 6 to 18 with type 1 & type 2 diabetes.**

Location:  
Glencoe Park District  
999 Greenbay Rd. Glencoe, Illinois

Please bring your blood glucose meters.

No basketball experience required.  
Get ready to play and have some fun!

**Date: Saturday, May 18<sup>th</sup>**  
**Time: 1:30-4:30pm**

*\$25 Registration Fee*

*Please complete registration below*

*Submit by April 30<sup>th</sup>.*

*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: \_\_\_\_\_ Area code  
Emergency Telephone Number: \_\_\_\_\_ 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 m, 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: \_\_\_\_\_