

Dear Parents and Students,

The year is speeding by and NIB is starting to get information about Youth Basketball tournaments.

NIB invites all those in 4th through 8th grade interested in basketball to participate! The main focus of youth basketball is to teach the fundamentals of basketball and to teach students good sportsmanship.

NIB is searching for a couple more coaches for a couple teams. The coaches will set up practice schedules and be the main contact for each team and will let their team know the tournaments they will be participating in. **NIB will pay for 3 tournaments plus the home tournament per team and** also provide jerseys for each team to use. This year's NIB Youth Basketball tournament will be February 1, 2020 for boys and girls grades 4th-6th. NIB will assign times for parents and participants to work during the NIB tournament. Our tournament is what pays for the other tournaments, and all other basketball expenses, so we ask that all participants help.

This letter is attached with a registration form. If your child/children want to participate in this year's NIB youth basketball please have this form turned in by Friday, October 18, 2019 to NIB. You can mail or email the form to NIB or there will be a link to the online sign up at www.northiowabetterment.com.

North Iowa Betterment
PO Box 161
Buffalo Center, IA 50424

Questions: Contact NIB at 641-562-2222 or email: basketball.nib@gmail.com

Registration link found at: www.northiowabetterment.com

Thanks,
North Iowa Betterment



North Iowa Betterment Youth Basketball 19-20



YOUTH BASKETBALL REGISTRATION FORM Complete one form per child & please write legibly!!

Return form to: NIB, PO Box 161, Buffalo Center, IA 50424 office
or email to: basketball.nib@gmail.com or complete Google form online found
at www.northiowabetterment.com

**FORMS DUE:
October 18,
2019**

Participant's Name _____ Grade _____

Address _____ Date of Birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____

Home # _____ Cell # _____ Work # _____

E-mail Address _____

Parent willing to help coach? Yes / No (circle one)

IN CASE OF EMERGENCY

Contact #1

Contact #2

Name _____

Name _____

Address _____

Address _____

Home # _____

Home # _____

Cell # _____ Work # _____

Cell # _____ Work # _____

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Participant's Allergies _____

Participant's Medical Conditions _____

Name of Participant's Physician _____

Physician's Telephone _____

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for

(Participants name)

to participate and to be photographed for publicity purposes. I will not hold the North Iowa Betterment and/or its employees responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the North Iowa Betterment prior to participation in this program.

Parent/Legal Guardian Signature _____ Date _____