

# IDA GROVE REC CENTER IPRA SPOT SHOT CONTEST



**4:00 PM FEE: \$5**  
**FRIDAY, FEBRUARY 24, 2012**  
**DEADLINE: MONDAY, FEBRUARY 20**

**Any Parents willing to help please let us know**

Registrations **will not** be taken the day of the event,  
**please pre-register** your child by the deadline at the  
Ida Grove Rec Center. Any questions call 364-3716.

**PLAYERS HAVE 60 SECONDS TO SCORE AS MANY BASKETS AS POSSIBLE FROM 7 DIFFERENT LOCATIONS MARKED ON THE FLOOR. TWO ROUNDS WILL BE SHOT, WITH THE TOTAL OF BOTH ROUNDS USED AS THE GRAND TOTAL FOR THE CONTEST. RIBBONS WILL BE GIVEN TO THE TOP 3 PLACES IN EACH AGE DIVISION. THE TOP 2 PLACES WILL ADVANCE TO THE STATE COMPETITION IN GRINNELL, IA IN APRIL. GIRLS & BOYS DIVISIONS ARE SEPARATE!!**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Age as of Local Competition Date: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age Division: (Circle One)

Girl- 7 8 9 10 11 12 13

Boy- 7 8 9 10 11 12 13

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as an individual in the I.P.R.A. Youth Basketball Spot Shot Contest. I understand that there are certain risks of injury inherent in the practice and play of basketball, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in this designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below. In addition to giving my full consent for my child's participation, I do waive, release and hold harmless the I.P.R.A., its officers, coaches, sponsors, the local sponsoring agency, supervisors and representatives for any injury that may be suffered by my child in the normal course of participating in the Youth Spot Shot Basketball Contest and the activities incidental thereto, whether the result of negligence or any other cause. I give permission for the free use of my name and picture in any broadcast, telecast or print media account of this competition. I also verify that my child is of the age said to be listed above the date of competition and the date of birth is correct.

Signature of Parent/Guardian: \_\_\_\_\_