**West Central Wildcat Official Registration Form (2020)**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_

Town\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (parents)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (player)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

High School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ High School Coach\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance (Carrier, insured’s name, Policy Number)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please make your check or money order payable to: **West Central Wildcat Basketball ($410.00)** and mail directly to Jodi Holleman, 94 Washington Ave, Hancock, MN 56244. If you are on an elite team, you may play in 5 tournaments and pay ($450).   
If you are having difficulty paying the total amount, please talk to Coach Holleman about making payments. You will be paying for 21 hours of practice and 4 tournaments.

***Playing time will be earned. Practices will be intense. All Players WILL IMPROVE!!***

I give my son/daughter permission to play for the “West Central Wildcat” team. I understand the fees that I am responsible to pay are due as noted on the Website. I also know and accept the policy that there will be no refunds after the first team practice should my son/daughter decide not to play or is unable to participate for whatever reason. Additionally, I agree to release the “West Central Wildcat” staff and all participating school districts and gym sites of all liability related to accidents or injuries which might occur while my son/daughter is playing WC Wildcat Basketball. I also give permission for emergency medical procedures to be administered if I cannot be contacted in the event of an emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Athlete

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian

***Website: www/westcentralwildcatbasketball.com***

Administrator: Jodi Holleman, 94 Washington Ave., Hancock, MN 56244 (Home phone 320-392-5162)

Cell phone (320-815-0616).

Email: hollemjk@morris.umn.edu

**All travel to and from practices/tournaments and motel costs will be arranged and paid for by each participant's parents. Coaches do not transport any parents or players. Parents are encouraged to carpool whenever possible to decrease costs. Parents not going to an individual tournament will make arrangement with another family for their athlete's transportation.**