

WANNA BE A... **Wizard** ??

**W**e play with:

**I**ntegrity **z**eal **a**ttitude **r**espect

**d**edication and **s**portsmanship

**Under the instruction of Head Coach Ken Kyliuk – NCCP Level 2 Coach and former Captain/Player with the University of Manitoba Bisons... ALL Winnipeg WIZARDS players will learn to be Exceptional Players on the court AND Leaders and Exceptional people off the court!**

**Commitment:** 2 practices per week (mandatory)

--RSL season is generally Oct – May (there is a break in the game schedule to allow school ball participation however practices will continue to be held during this time)

--Tournament entries 2-3/year – (to be determined)

**Practices:**

Parents are ENCOURAGED to attend practices to support your athlete in his learning and development.

Missed practices interfere with your son's skill enhancement but more importantly the teams' cohesiveness and progression. Please attend.

## **Cost:**

Winnipeg WIZARDS is a **NOT for profit** basketball club

-- There is NO membership or registration fee unlike most other RSL teams. Players are also not expected to cover the expenses of the Coaching staff for travel and coaching attire.

-- RSL Qualifying tournament **fee is divided equally between players**

--RSL league entry **fee is divided equally by the number of players on the Active Roster.**

-- the ONLY mandatory attire that has to be purchased is the team uniform (game/away/shooter shirt) which player keeps ...all other attire is optional except runners. (mouthguards encouraged)

--Gym time is secured with permits however there may be times that additional gym slots may have to be purchased (ie) school blackouts or holidays – in these instances gym fees may be collected /divided equally amongst all players

--Tournaments (Considering 3 USA Tourneys and 2 in Wpg.) Decision to enter tourneys will be discussed as families. All Tourney fees will be divided equally between players who have decided to play.

# WINNIPEG **Wizards**

## Player Registration:

**Player Name:**

**Address:**

**Phone:**

**Email:**

**Date of Birth:**

**Emergency Contact:**

## Player Profile:

1) Basketball Experience:

# of years have played: \_\_\_\_\_

Skill level: (circle one) intermediate, advanced

Club or team affiliation: \_\_\_\_\_

Position(s) played: \_\_\_\_\_

2) Why do you want to play for the Winnipeg

WIZARDS?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3) Anything you or your parents would like to

communicate to Coach Ken:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) Medical conditions/medications: (list) \_\_\_\_\_

*Winnipeg WIZARDS Staff Use Only—for signed players for 2012/13*

*Medical form completed: \_\_\_\_\_*

*Code of Conduct signed: \_\_\_\_\_*

# WINNIPEG **Wizards**

## Winnipeg WIZARDS Open Gym Consent and Waiver:

I \_\_\_\_\_ (parent or legal guardian) of \_\_\_\_\_(player) give consent for my son to participate in the Winnipeg WIZARDS Gym time.

I \_\_\_\_\_ (parent or legal guardian) recognize that participation in this may involve strenuous activity and provide permission for my son (as named above) to participate.

The Winnipeg WIZARDS are not liable for any injury or need for medical attention incurred as a result of participation in this ID camp. We will make every reasonable attempt to notify you, the parent /legal guardian, in a timely manner to report injury /medical attention required.

Parent /Legal Guardian ,Signed : \_\_\_\_\_

Parent/ Legal Guardian (Print Name): \_\_\_\_\_

Signed and Agreed Upon, This \_\_\_\_\_ of \_\_\_\_\_ 2012  
(Day) (Month)

Witness: \_\_\_\_\_