



# 2019 JUNIOR NORSE



WHO: GIRLS IN 1ST - 5TH GRADE

WHERE: REGENTS CENTER - NORTH GYM

WHEN: THURSDAYS, 6:15PM-7:30PM

DATES: SEPTEMBER 19TH & 26TH  
OCTOBER 3RD & 10TH

COST: \$50

(INCLUDES INSTRUCTION, T-SHIRT, AND SNACK)

EACH WEEK JR. NORSE WILL HAVE THE OPPORTUNITY TO INTERACT WITH THE 2019-20 LUTHER WOMEN'S BASKETBALL TEAM THROUGH PARTICIPATING IN FUNDAMENTAL DRILLS, TEAM PLAY, SHOOTING COMPETITIONS, AND MORE.

CONTACT ASSISTANT COACH, MEGAN JONES, WITH ANY QUESTIONS AT 563-387-1077 OR EMAIL: JONEME03@LUTHER.EDU



## LUTHER COLLEGE JR. NORSE REGISTRATION FORM

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

T-SHIRT SIZE (YOUTH OR ADULT): \_\_\_\_\_

CHECKS PAYABLE TO: LUTHER COLLEGE WOMEN'S BASKETBALL

MAIL TO: LUTHER COLLEGE WOMEN'S BASKETBALL  
ASSISTANT COACH MEGAN JONES  
700 COLLEGE DRIVE  
DECORAH, IA 52101

I, THE UNDERSIGNED PARENT OR GAURDIAN, AM GIVING MY CONSENT IN ADVANCE FOR MEDICAL TREATMENT FOR MY CHILD AT AN APPROPRIATE MEDICAL FACILITY IN CASE OF INJURY OR ILLNESS. I AM AWARE OF AND ACCEPT THE RISK INHERENT IN THE PROGRAM ACTIVITY ON BEHALF OF MY CHILD. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE BOARD OF REGENTS OF LUTHER COLLEGE, LUTHER COLLEGE, THEIR OFFICERS, AGENTS, STUDENTS, AND EMPLOYEES FROM ANY AND ALL LIABILITY, LOSS, DAMAGES, COSTS, OR EXPENSES, WHICH ARE SUSTAINED, INCURRED OR REQUIRED ARISING OUT OF THE ACTIONS OF MY CHILD.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_