Coffeyville Recreation Commission YOUTH BASKETBALL

Basketball leagues are for boys and girls 4 yr old - 6th grade. Complete this registration form and return it along with the registration fee to the CRC office during regular office hours (M-F, 9 AM to 5 PM). Or after hours you can drop your registration and check/money order in the drop box located just outside the CRC main doors. The CRC office phone number is: 620-251-5910. All registrations must be signed by a parent or legal guardian-NO EXCEPTIONS!

SIGN UP ONLINE AT www.coffeyvillerec.com

Registration Fee: \$15.00 In-District/\$20.00 Out-of-District

****Scholarships are available to assist with Registration fees, see CRC Office****

Session 1 4 yr - K - Co-ed League, 1st-2nd Co-ed League

Registration Deadline: October 2nd Late Registration Deadline: October 9th

Session 2

3rd-4th Girls League, 3rd-4th Boys League, 5th-6th Girls League, 5th-6th Boys League

Registration Deadline: November 30th Late Registration Deadline: December 4th

All Late Registrations will have a \$3 late fee assessed. AFTER LATE REGISTRATION DEADLINES KIDS WILL BE PLACED ON A WAITING LIST

> **Coffeyville Recreation Commission** Parent/Guardian Consent Form & **Medical Treatment Authorization**

| STREET ADDRESSCITYWORK PHONE | | | | | | |
|--|---|---|--|---|---|--|
| STREET ADDRESS | | CITY | | ZIP | | |
| HOME PHONE | CELL | PHONE | WORK P | HONE | | |
| SEX: MALE / FEMAI | LE (circle one) DATE | OF BIRTH// | _ AGE (| as of Sept | t. 1, 2020) | |
| SCHOOL CURRENT | LY ATTENDING | | | GRADE_ | | |
| PLEASE LIST ANY N | MEDICAL CONDITION | IS | | | | |
| WOULD YOU LIKE T | O COACH A TEAM: O ASSIST: in coaching MUST fi | () YI () YI | ES ES | | () NO () NO | |
| COACH'S NAME | | ADDRESS | PH | ONE | () | |
| (Anyone interested | in coaching MUST fi | II out Coaching Appl | ication on the | reverse | side of this forn | n) |
| T-SHIRT SIZE: (circle one) | Youth Extra Small Adult Small (34) | Youth Small (6-8) Adult Medium (36) | | | Youth Large (14-1 Adult X-Large (40) | |
| attendance of basketball at a treatment for this child by a d applicable) will be disclosed to the undersigned, involved and I hereby agree to coaches, officials, volunteers. Furthermore, I do use expenses resulting from any this document shall have the SIGNATURE. | RN: In the event that the above my time during the entire seas octor(s) and/or medical persor to CRC staff and the child's condo hereby acknowledge that to assume those risks and to hand team sponsors free from understand that accident insurance accidents or injuries suffered same force and effect as the orange. | son, my child's team coaches, anel which may be deemed no ach(es) and hereby give cons. I have given my child permis alold the Coffeyville Recreation liability for any injury, harm or ance is NOT provided by CRC by the above named child whoriginal. CRC may use any ph | or any member of the cessary. I understand to such disclosuration to participate in Commission, City of complication of any and I hereby agreed the participating in beotographs for future. | ne CRC staff, nd my child's re. n basketball v of Coffeyville, kind. e to assume fo asketball. I u | has my consent to auth medical condition (if with full knowledge of t all of their officers, emp ull responsibility for any | norize the risks ployees, y and all |
| PRINT NAME | | 5 4 | | | | |
| RELATIONSHIP | | DATE | | | | |
| | | | | | | |

(IF THE NATURAL PARENTS OF THIS CHILD ARE NOT REGISTERING THIS CHILD TO PARTICIPATE IN BASKETBALL, PROOF OF LEGAL GUARDIANSHIP (TYPED AND NOTARIZED AFFIDAVIT FROM THE COURT OR SRS) IS REQUIRED TO BE SHOWN, COPIED AND ATTACHED TO THIS FORM.