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 vr - K - Co-ed League, 1st-2nd Co-ed League

Registration Deadline: October 7th Late Registration Deadline: October 14th

Session 2

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

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

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**

NAME OF PARTICIPANT		MAILING ADDRESS		
STREET ADDRESS		CITY		IP
HOME PHONE CELL		CITY ZIP PHONE WORK PHONE OF BIRTH / / AGE (as of Sept.		
SEX: MALE / FEMAI SCHOOL CURRENT	LE (circle one) DATE (LY ATTENDING	OF BIRTH//	AGE (as of Sep GRADE	ot. 1, 2021)
PLEASE LIST ANY MEDICAL CONDITIONS				
WOULD YOU LIKE T		() YE: () YE:		() NO () NO
COACH'S NAME	O ASSIST:	ADDRESS		• •
COACH'S NAMEADDRESSPHONE (Anyone interested in coaching MUST fill out Coaching Application on the reverse side of this form)				
T-SHIRT SIZE: (circle one)	Youth Extra Small Adult Small (34)	Youth Small (6-8) Adult Medium (36)	Youth Medium (10-12) Adult Large (38)	
TO WHOM IT MAY CONCERN: In the event that the above named child is taken to an emergency room or medical care facility in my absence from attendance of basketball at any time during the entire season, my child's team coaches, or any member of the CRC staff, has my consent to authorize treatment for this child by a doctor(s) and/or medical personnel which may be deemed necessary. I understand my child's medical condition (if applicable) will be disclosed to CRC staff and the child's coach(es) and hereby give consent to such disclosure. I, the undersigned, do hereby acknowledge that I have given my child permission to participate in basketball with full knowledge of the risks involved and I hereby agree to assume those risks and to hold the Coffeyville Recreation Commission, City of Coffeyville, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication of any kind. Furthermore, I do understand that accident insurance is NOT provided by CRC, and I hereby agree to assume full responsibility for any and all expenses resulting from any accidents or injuries suffered by the above named child while participating in basketball. I understand that a photo-copy of this document shall have the same force and effect as the original. CRC may use any photographs for future marketing SIGNATURE PRINT NAME				
				
RELATIONSHIP		UAIE		
(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 Same team requests will be met only for siblings or same household residents

THIS FORM.