

COFFEYVILLE RECREATION COMMISSION (CRC)

Building Community Through Recreation

Basketball

4 yr. old – 6th Grades

Session 1 - Registration Deadline: **October 18, 2024** (4 yr. old – K / 1st & 2nd) Co-Ed

Session 2 – Registration Deadline: **December 6, 2024** (3rd & 4th Girls / 3rd & 4th Boys / 5th & 6th Girls / 5th & 6th Boys)

Registration Fee (In-District) \$20.00

Registration Fee (Out-Of-District) \$30.00

(Live outside USD 445 School District)

Late registrations will be accepted until **October 25, 2024**, for Session 1 and **December 13, 2024**, for Session 2, with an additional \$3.00 fee.

REGISTRATION METHODS

Bobby Clemons Recreation Center (BCRC) located at 508 Park Street during CRC normal business hours, Monday – Friday, 9:00 am – 5:00 pm

Registrations, along with payment, can be placed in the night drop box located outside the BCRC main doors.

Registrations can be made, until the registration deadline, online at coffeyvillerec.com

Cash / Check / Credit / Debit

Financial aid is available for all CRC Youth Sports Programs

CRC PARENT / GUARDIAN CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION

NAME OF CHILD _____ ADDRESS _____

CITY _____ ZIP _____ PHONE _____

SEX (Circle One) MALE / FEMALE DATE OF BIRTH ____/____/____ AGE _____ (As of September 1, 2024)

GRADE _____ (As of 2024-2025) SCHOOL ATTENDING _____

T-SHIRT SIZE (Circle One) Youth Extra Small (4-5) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
Adult Small (34) Adult Medium (36) Adult Large (38) Adult XL (40)

Please list any medical conditions / allergies _____

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 anytime 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, the undersigned, do hereby acknowledge that I have given my child permission to participate in the above named activity with full knowledge of the risks involved and I hereby agree to assume those risks and hold the Coffeyville Recreation Commission, USD 445, City Of Coffeyville, Coffeyville Community College, all of their officers, employees, coaches, officials, volunteers and team sponsors free from liability for any injury, harm or complication(s) of any kind.

Furthermore, I do understand that CRC does NOT provide accident insurance, and I hereby agree to assume full responsibility for all expenses resulting from any accidents or injuries suffered by the above-named child while participating in the CRC League provided.

I understand that a photocopy of this document shall have the same force and affect as the original.

The Undersigned consents that their, and/or child(s), likeness may be photographed and published to promote CRC programs. To opt-out, please check box.

PARENT / GUARDIAN CONSENT _____ DATE _____

A parent or legal guardian must sign all registration forms. If the parents of this child are not registering this child, proof of Legal Guardianship (typed and notarized affidavit from the court or SRS) is required to be shown, copied, and attached to this form.

COACH / ASSISTANT COACH

Would you be willing to COACH a team (Circle One) YES NO
Would you be willing to ASSIST a team (Circle One) YES NO

If so, Parent Name _____ Phone _____

Same team requests will ONLY be met for siblings or same household residents.



To get CRC program notifications and game cancelation updates, text COFFEYVILLEREC to (877) 915-3215