

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

1st-2nd Co-ed League, 3rd-4th Girls League, 3rd-4th Boys League

Registration Deadline: October 6th

Late Registration Deadline: October 13th

Session 2

4yr - K –Co-ed League, 5th-6th Girls League, 5th-6th Boys League

Registration Deadline: December 1st

Late Registration Deadline: December 8th

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 _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ WORK PHONE _____
SEX: MALE / FEMALE (circle one) DATE OF BIRTH ___/___/___ AGE _____ (as of Sept. 1, 2017)
SCHOOL CURRENTLY ATTENDING _____ GRADE _____

PLEASE LIST ANY MEDICAL CONDITIONS _____

WOULD YOU LIKE TO COACH A TEAM: () YES () NO
WOULD YOU LIKE TO ASSIST: () YES () NO
COACH'S NAME _____ ADDRESS _____ PHONE _____

(Anyone interested in coaching MUST fill out Coaching Application on the reverse side of this form)

T-SHIRT SIZE: Youth Extra Small Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)
(circle one) Adult Small (34) Adult Medium (36) Adult Large (38) Adult X-Large (40)

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 _____ 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.

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