**Buddy Hoops**

**Registration Fee** (In-District) $5.00

**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

**CRC PARENT / GUARDIAN / CONSENT FORM AND MEDICAL TREATMENT AUTHORIZATION**

**NAME OF PARTICIPANT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CITY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMERGENCY PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please list any medical conditions / allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom it may concern: In the event that the above-named is taken to an emergency room or medical care facility anytime during the sessions provided, any member of the CRC staff, has my consent to authorize treatment by a doctor(s) and/or medical personnel which may be deemed necessary.

I, the undersigned, do hereby acknowledge that I have 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 while participating in the CRC sessions provided.

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

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

**PARENT / GUARDIAN / SIGNATURE CONSENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEAGUE ENROLLING** (Check One)

**Buddy Hoops** (In-District) $5.00

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

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