

**COEUR D'ALENE RECREATION DEPARTMENT  
2017 YOUTH BASKETBALL  
3RD - 5TH GRADE**

BOY \_\_\_\_ GIRL \_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Do you currently receive e-mails from us regarding upcoming activities? YES \_\_\_\_ NO \_\_\_\_

Would you like to receive them if you already do not? YES \_\_\_\_ NO \_\_\_\_

IF YOUR CHILD NEEDS A LARGER SHIRT THAN NORMAL, CHECK THE BOX & LIST THE SIZE. \_\_\_\_\_

---

WE WILL NEED A VOLUNTEER TO **COACH** BASKETBALL. WILL YOU COACH? YES \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

---

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Rec. Dept., its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with BASKETBALL, I hereby release, discharge, and/or indemnify the Cd'A Rec. Dept, its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT SIGNATURE: \_\_\_\_\_

AMOUNT PAID: CITY RESIDENT (\$30) \_\_\_\_\_ NON RESIDENT (\$35) \_\_\_\_\_

LATE FEE: \$5. after October 13.

---

If you want to **SPONSOR** a team, please fill out the following information:  
Sponsorship is \$135. Your artwork and shirt color choice is due by October 6.

Sponsor Name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt color: \_\_\_\_\_ Print/Logo color: \_\_\_\_\_