

**COEUR D'ALENE RECREATION DEPT.
2017 YOUTH BASKETBALL
6TH - 8TH 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 20.

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 18.

Sponsor Name: _____ Contact person: _____

Business Address: _____ City/Zip: _____

Email: _____ Phone: _____

Shirt Color: _____ Print/Logo color: _____