

**COEUR D'ALENE RECREATION DEPARTMENT
2018 YOUTH BASKETBALL
K / 1 / 2 GRADE**

BOY _____ GIRL _____ SCHOOL _____ GRADE _____

PLAYERS NAME _____ PHONE _____

PARENTS NAME _____

ADDRESS _____ CITY/ZIP _____

Do you currently receive e-mails from us regarding upcoming activities? YES _____

Would you like to receive emails from us? YES _____ NO _____

EMAIL ADDRESS _____

If you need a larger shirt than normal, please check the box and indicate size. _____

WE WILL NEED A VOLUNTEER TO COACH BASKETBALL. WILL YOU COACH? YES _____

PRINT NAME: _____

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/GUARDIAN SIGNATURE: _____

AMOUNT PAID: CITY RESIDENT (\$30) _____ N RESIDENT (\$35) _____

LATE FEE: \$5. after January 12

If you want to **SPONSOR** a team, please fill out the following information.
Your artwork and shirt color choice is due by January 12

Sponsor name: _____ Contact person: _____

Business address: _____

City/Zip: _____ Phone: _____

Shirt Color: _____ Print/logo color: _____