

**ELBERT PARKS & RECREATION BASKETBALL REGISTRATION FORM
PLEASE TURN YOUR REGISTRATION FORM INTO THE SCHOOL OFFICE**

Coordinator ~ Tom Gresham (303) 994-8790
Coordinator ~ Emily Kitching (303) 243-0747

Player Name _____ Grade _____

Address _____ D.O.B. _____ M/F _____

Parent(s) Name _____ Work Phone _____

Parent(s) Name _____ Work Phone _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact: _____ Hm. #: _____ Wk. #: _____

Return signed pages to coordinator or teacher by October 23rd, 2018

<p>2018/19 Fee Schedule</p> <p>\$40 – All Ages 2nd to 6th grade boys & girls</p> <p>ADD \$15.00 for Practice Jersey Player name _____ Size _____</p>	<ul style="list-style-type: none">• Note that the proper division to sign up for is determined by the grade the player is in <u>now</u>.• *MAKE CHECKS PAYABLE TO: ELBERT PARKS & RECREATION*• The Elbert Parks and Rec. provides partial scholarships to those children who would like to play but can not afford the fee.• Please see sport coordinator to apply for a scholarship PRIOR to the application Deadline! <p>I would like to donate to the scholarship fund \$ _____</p>
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Additional Practice Jersey Shirts can be ordered for Fans! Contact Emily

Teacher – Please give to front office to be picked up by Tom Gresham

This Parental Waiver and Medical Release form must be signed before your child may practice or participate in any way.

My child is physically able to participate in all games, practices and related activities. I understand that participation in any athletic event could result in physical injuries and/or accidents. I assume all risks and hazards incidental to such participation, including transportation to and from these activities. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my dependent. By signing this consent form I authorize the coaches to act for me in an emergency requiring medical attention. I hereby release, exonerate, and discharge the coaches, the School District 200 and Elbert from any or all actions or causes known or unknown, from any injuries that are acquired during participation in any of the above sports. I have medical coverage that will be responsible for any medical or other charges related to his/her participation. I give my consent for my son/daughter to participate with Elbert Parks & Recreation.

This WAIVER AND RELEASE shall be governed by the State of Colorado law and the courts located in Elbert County. Colorado shall have the exclusive jurisdiction for any action arising there from. By signing the form, the participant and/or his/her parent or guardian signifies that he/she has read the information contained in this form, fully understands this information and agrees to the terms contained in this form.

INCLUDED IN THESE TERMS ARE (i) WAIVER AND RELEASE OF LIABILITY FOR PERSONAL INJURIES AND LOSS OF PERSONAL PROPERTY SUFFERED BY THE SIGNEE AND/OR THE PARTICIPANT, (ii) MEDICAL AUTHORIZATION, (iii) MEDICAL INSURANCE STATEMENT, AND (iv) PERMISSION TO USE THE PARTICIPANT'S LIKENESS OR PHOTO.

VOLUNTARY WAIVER AND RELEASE: There are risks connected with participation in this event and its related activities. Injury to person or damage to or loss of personal property is a possibility. I acknowledge this possibility and risk and I VOLUNTARILY RELEASE AND DISCHARGE the Elbert D200 School District and the Elbert Parks & Recreation, their directors, officers, employees, agents, organizers, sponsors, coaches, referees, and volunteers from any and all actions, suits, demands and claims, in law or in equity, from any injuries suffered from acts or circumstances reasonably associated with this activity or acts or circumstances not reasonably foreseeable.

MEDICAL AUTHORIZATION: I HEREBY GRANT FULL PERMISSION to the Elbert Parks & Recreation, its directors, officers, employees, agents, organizers, sponsors, workers, and volunteers to act according to their best judgment in any emergency requiring medical attention. I agree to reimburse said persons any costs incurred in seeking/providing proper medical attention.

MEDICAL INSURANCE: I understand that Elbert Parks & Recreation DOES NOT provide medical insurance of any kind or otherwise pay medical costs for injuries sustained in association with this program. My signature below represents that I have medical insurance.

PERMISSION TO USE PHOTO: I HEREBY GRANT FULL PERMISSION to the Elbert Parks & Recreation to record any or all participation in this event for photos, motion pictures, TV, radio, recordings, videotapes, and other media known and unknown, and to use them, no matter by whom taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any reimbursements of any kind or the need to pay any fee.

OPTIONAL INFORMATION

Doctor's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Additional information (asthma/allergies/etc.) that the coach should be aware of regarding my child:

Parent Signature: _____ **Date:** ____/____/____