

**CORTEZ YOUTH BASKETBALL PROGRAM
2020 REGISTRATION SPRING BOYS 3rd through 6th GRADE**

Registrations will be accepted from Nov. 18, 2019 through Dec. 22 2019 at the Cortez Recreation Center. **There will only be 10 players per team. PLAYERS WILL BE PLACED ON A FIRST COME FIRST SERVE BASIS. IF TEAMS FILL UP YOU MAY BE PLACED ON A WAITLIST OR ASKED TO JOIN ANOTHER TOWNS TEAM! COACHES WILL CONTACT BY PHONE BEFORE FIRST PRACTICE**

PLEASE PRINT
PLAYER'S NAME _____ MALE _____

ADDRESS _____ CITY _____ DATE OF BIRTH _____

HOME PHONE _____ SCHOOL _____ GRADE _____

NAME OF FATHER _____ WORK PHONE _____

NAME OF MOTHER _____ WORK PHONE _____

T-SHIRT SIZE/ YOUTH M L ADULT M L XL

A REGISTRATION FEE OF \$20 IS DUE, PAYABLE TO THE CITY OF CORTEZ, AT THE TIME OF REGISTRATION.

PARENTS, WOULD YOU BE INTERESTED IN EITHER OF THE FOLLOWING?

COACHING A TEAM: _____ ASSISTANT COACH _____ PARENT NAME & SHIRT SIZE _____

If not enough coaches are found, player space will be limited. PLEASE VOLUNTEER!!!!!!

To the best of your knowledge, has this player had, or do they now have, any medical condition which should be brought to the attention of the league supervisor? _____

PLAYERS ARE PLACED ON A TEAM AT RANDOM. If the player lives in a surrounding town, they may request to be put on that town's team. If more than one team per town, players will be placed at random on that town's team. If there is no more availability on a town's team, player may be placed on a surrounding town's team.

PLEASE MARK YOUR 1ST CHOICE.

CORTEZ DOLORES LEWIS DOVE CREEK TOWAOC MANCOS

RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned, as parents or guardians, does hereby give permission for his/her child to participate in the Cortez Pee Wee Basketball program. I hereby waive any claim, either the said child or parents may have against the City of Cortez and its employees, directors, of their participation in the program. I further hold the City of Cortez, its directors, officers and agents harmless from any claim I or said child may have as a result of said participation. The consideration for this release and hold harmless agreement is that the child be allowed to participate in the City of Cortez Pee Wee Basketball Program. I further understand that the City of Cortez has no accident insurance.

EMERGENCY AUTHORIZATION

I, the parent or guardian of _____, do hereby authorize the coach or program director to request emergency medical treatment for my child or ward in the event that I cannot be reached in an emergency.

Doctor's Name: _____ Phone: _____

Dated at Cortez, Colorado this _____ day of _____, 20_____.

PARENT PRINTED NAME

PARENT SIGNATURE