

21-22 CYBL REGISTRATION

Player Name: _____ Birth date: ____/____/____ Age: ____ Grade: ____ Gender: _____

Address: _____ Parents Name: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #1 _____ Phone: _____ Cell Phone: _____

Emergency Contact #2 _____ Phone: _____ Cell Phone: _____

Special Needs: _____ Last Years Team Name: _____

Is there a day of the week that you can not practice on?: _____

Allergies & Other Medical Conditions: _____

Medications: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT

I hereby release and discharge Colchester Parks & Recreation, its agents, employees, staff members, directors, and volunteers from any claims, responsibilities or liabilities for injuries or harm incurred as a result of my participation and/or my child's participation as a player or spectator in CYBL through Colchester Parks & Recreation.

Signature of Parent or Legal Guardian: _____ Date: _____

MEDICAL RELEASE

I hereby grant consent to any and all health care providers designated by Colchester Parks & Recreation Department to provide my child _____ (child's full name) any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation by Colchester Rescue to the hospital.

Signature of Parent or Legal Guardian: _____ Date: _____

PARTICIPANT JERSEY INFORMATION:

All CYBL players will wear reversible jerseys during games. Jerseys are yours to keep to be used for future CYBL seasons. Does your child have a jersey from last year? Yes _____ No _____ *If you wear a previous jersey what is the jersey number:* _____

Jersey Size (circle one): YS YM YL S M L XL

VOLUNTEER SUPPORT:

Colchester Youth Basketball is a volunteer based activity. Your participation and support is vital to the continued success of the programs for the children of our community. Please indicate below where you may be able to invest your time, energy, or talent to make this program better than ever. Thank you for volunteering! (check all that apply)

_____ Coach _____ Asst Coach _____ Score Keeper (grades 5 - 8)

REGISTRATION FEES:

Grades 1-2: \$60.00 (\$45 if you have CYBL Jersey)

Grades 3-4: \$65.00 (\$50 if you have CYBL Jersey)

Grades 5-6: \$70.00 (\$55 if you have CYBL Jersey)

Grades 7-8: \$70.00 (\$55 if you have CYBL Jersey)

\$5.00 off each additional sibling / Add \$10 to registration fee if registering after October 29, 2021

PAYMENT INFORMATION:

Check # _____ Cash: _____ Credit Card: _____ Name on Card: _____

Please Circle Card Type: Visa MasterCard Discover Expiration: _____/_____/_____ 3-Digit Code: _____

Checks should be filled out & mailed to: Credit Card #: _____

Colchester Parks & Recreation, 781 Blakely Rd, Colchester, VT 05446

For more information call Parks & Recreation: 802-264-5640

Signature of Cardholder: _____