

# 23-24 CYBL REGISTRATION

Player Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Parents Name: \_\_\_\_\_ Parents DOB: \_\_\_\_\_

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: NEED CYBL JERSEY: \$79.00 (After 10/27 \$89.00) | HAVE CYBL JERSEY \$55.00 (After 10/27 \$65.00)

Grades 3-4: NEED CYBL JERSEY: \$84.00 (After 10/27 \$94.00) | HAVE CYBL JERSEY \$60.00 (After 10/27 \$70.00)

Grades 5-8: NEED CYBL JERSEY: \$89.00 (After 10/27 \$99.00) | HAVE CYBL JERSEY \$65.00 (After 10/27 \$75.00)

*\$5.00 off each additional sibling / Add \$10 to registration fee if registering after October 27, 2023*

*No registration will be accepted after December 22, 2023*

## 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: Colchester Parks & Recreation, 781 Blakely Rd, Colchester, VT 05446 For more information call Parks & Recreation: 802-264-5640	Credit Card #: _____
	Signature of Cardholder: _____