



# Youth Basketball League Recreation Division

Register at Kiwanis Community House  
4603 Lions Park Dr. 307-637-6423

**Starting September 10, 2018 Registration Fee is \$65.00, \$60.00 for each additional child.  
After October 19, 2018 a late fee of \$20 will be assessed if room is still available.**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Guardian: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Health Concerns:

**In order to provide the safest environment for your child, we need to be informed of any health conditions or limitations that your son/daughter may have. Please mark the appropriate statement below:**

\_\_\_\_\_ My child has NO health conditions or limitation that you need to be aware of regarding his/her participation in the Recreation Youth Sports League.

\_\_\_\_\_ My child has the following health conditions or limitations which may affect his/her participation in the Recreation Youth Sports League: \_\_\_\_\_

### Team Selection:

\_\_\_\_\_ New Player \_\_\_\_\_ Returning Player - Last year child played YBL Grade: \_\_\_\_\_

Team Name: \_\_\_\_\_ Coaches Name: \_\_\_\_\_

\_\_\_\_\_ Want to play on the same team \_\_\_\_\_ Do not want to play on the same team \_\_\_\_\_ No Preference

Division (Grade) Desired to play: K \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup> \_\_\_ 5<sup>th</sup> \_\_\_ 6<sup>th</sup> \_\_\_

Special Requests (ONLY ONE) \_\_\_\_\_

**Please remember all attempts will be made to accommodate requests.**

**However: REQUESTS ARE NOT GUARANTEED!**

### Uniform Information:

#### T-Shirt:

Youth: XSM \_\_\_ SM \_\_\_ Med \_\_\_ L \_\_\_

Adult: SM \_\_\_ Med \_\_\_ L \_\_\_ XL \_\_\_

#### Short Size:

Youth: XSM \_\_\_ SM \_\_\_ Med \_\_\_ L \_\_\_

Adult: SM \_\_\_ Med \_\_\_ L \_\_\_ XL \_\_\_

### Coaching Information:

The youth basketball league is enhanced by the efforts of Volunteer Coaches, Assistant Coaches, and Team Assistants.

\_\_\_\_\_ I am interested in Coaching (if different from above) Name: \_\_\_\_\_

## Youth Basketball League Assumption Risk, Waiver and Release

I, the undersigned guardian, agree that there are inherent risks of injury from my child's participation in the Cheyenne Recreation Division Youth Basketball League. Those risks include, by way of example and not limited to: cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I agree to make my child aware of the risks of injury and to instruct my child to follow the safety rules and the coach's instructions at all times.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to my child in the event of an injury or illness. I consent to the administration of first aid procedures on my child by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport my child to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my child's participation in the Cheyenne Recreation Division Youth Basketball League, I fully assume all risks associated with my child's participation in the Youth Basketball League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which my child or I have or which may accrue against the City of Cheyenne, its offices, employees and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my child's participation in the Cheyenne Recreation Division Youth Basketball League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

I certify that I have read and understood this document and sign it knowingly, willingly and voluntarily and that I am authorized to sign this document on behalf of my child.

### Refund Policy

1. Upon request, full refunds will be given from the time of registration to the end of registration.
2. Upon Request, after teams have been formed but before the start of the season, refunds will be given minus administrative/uniform fees.
3. After the start of the season requests for refunds must be due to a verifiable medical reason (we will request a doctor's note). Requested refunds will be given, minus administrative/uniform fees. Non-medical requests for refunds after the start of the season will not be approved.

I have read the above statements and acknowledge the terms of the agreement.

Participant's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_