

COLEBROOK YOUTH BASKETBALL LEAGUE

2019-2020 REGISTRATION FORM

PLAYER NAME: _____ TELEPHONE: _____

DATE OF BIRTH _____ AGE _____ GRADE _____

STREET ADDRESS _____

Mailing address _____

EMAIL _____ Phone Number: _____

ANY KNOWN MEDICAL CONDITIONS: _____

I/We, the parents/guardians of the above named player hereby give my/our approval to participate in any and all Colebrook Youth Basketball League activities, including transportation to and from the activities. I/We know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Colebrook Youth Basketball League, Town of Colebrook, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause. I/We agree to return upon request the uniform and other equipment issued to my/our child in as good of condition as when received except for normal wear and tear. The Board of Directors of the Colebrook Youth Basketball League strongly recommends that players wear an athletic cup.

SIGNATURE(S): _____ DATE: _____

PRINT NAMES(S): _____

REGISTRATION FEE: Grade 1 - \$25.00 per student.

Grades 2/3: \$35.00 per student. Grades 4-6: \$50 per student.

Maximum \$100/family. Make checks payable to Colebrook Recreation

Parents - Please circle in which area you would like to volunteer for the upcoming 2019-2020 season
Grade 1 Grades 2/3 Grades 4/5/6

RETURN REGISTRATIONS to CCS office **BY NOVEMBER 1, 2019** via backpack mail
THERE WILL BE NO OPPORTUNITY FOR LATE REGISTRATIONS!

Questions: Call or email Kim Janak at 860-733-5200 or kjanak@att.net

Parental Consent for Emergency Treatment for Minors

I authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia or perform surgery for:

Name: _____ Age: _____

Address: _____

While participating in (Name of sport): _____

Insurance requires that boys wear protective equipment (athletic supporters). I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in treatment which a physician may deem available in the exercise of his/her best judgment. I presume reasonable attempt will be made to contact me at:

Telephone number (work): _____

Telephone number (home): _____

Medication: _____

Allergies: _____

Date of last Tetanus shot: _____

Insurance Co: _____ Claim# _____

Child's Physician: _____

Physician's Telephone number: _____

Alternate Physician (if any): _____

Telephone Number: _____

I prefer the following hospital: _____

Telephone number: _____

I prefer the following surgeon(s): _____

Telephone number: _____

Parent(s)

Signature(s): _____