

Niwot Youth Sports Recreational Basketball Registration Form

Please mail completed form and registration fees to:
NYS Rec Basketball P.O. Box 125, Niwot, CO 80544

PLAYER'S NAME: _____ Circle One: M / F
ADDRESS: _____ Date of Birth: _____
CITY, STATE, ZIP: _____ Player's Age Today _____
T-Shirt Size (Circle One): Youth S, M, L, XL Adult S, M, L, XL
HOME PHONE: _____ Email: _____
CELL PHONE: _____ Other Email: _____
SCHOOL: _____ Grade: _____ Buddy/Coach Preference _____
HEIGHT: _____ WEIGHT: _____ YEARS OF EXPERIENCE: _____
PARENTS NAMES: (Father) _____ (Mother) _____
LIVES WITH Mother / Father / Both

Please circle one of the following: Coach, Assistant Coach, Other, Team Sponsor

Notes: _____

I, the parent or guardian of the above named applicant, approve of my child's participation in all activities of the Niwot Youth Sports, Inc., (NYS) program for which he or she is registered, including Niwot Youth Basketball, Niwot Youth Baseball, Niwot Youth Softball, and Niwot Youth Volleyball.

Assumption of Risks

I understand that participation in sports activities may result in injuries, including, in rare cases, serious injury or death. Knowing this, I, on behalf of myself and my child, assume all risks and hazards incidental to such participation, including transportation to and from the activities.

Release

I do hereby waive, release, absolve, indemnify and agree to hold harmless NYS, the organizers, directors, officers, officials, supervisors, coaches, referees, other participants, and appointed persons transporting my child to and from program activities, as well as the owners of facilities used by NYS from any claims arising out of injury to myself and my child incidental to such participation.

Authorization for Emergency Treatment

I further approve that in my absence, designated league officers, and/or team coaches, shall have authority to take action as deemed necessary to provide or render immediate medical attention to the above-named applicant(s), due to sudden illness or injury incidental to or occurring during the applicant's participation, including giving consent to medical care for the above applicant(s).

No Insurance

I understand that NYS is not required to provide medical and accident insurance for participants in the program. School districts do not provide nor are they responsible to provide, any type of personal health or accident insurance protection for students who participate in NYS activities. That responsibility rests with the families (parents/guardians) of the participant.

Parents/guardians are required to agree to assume financial responsibility for medical expenses by affixing their signature below.

Safety

I understand that children who are not directly participating in a scheduled NYS activity, must: 1) Stay off the playing field or court at all times. 2) Not play in the halls or common areas. 3) Walk, not run, while in any school buildings used by NYS. I understand that these rules are for everyone's safety and are prerequisites to NYS's ability to use school facilities.

Consent for Photo Release

I hereby grant NYS permission to take, or have taken, still and moving photographs and films, including television pictures, of my child and consent and authorize NYS, news media, and any other persons interested in NYS to use and reproduce such photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

Any attempted modification of this Waiver, Release and Authorization for Treatment is ineffective and upon discovery, will preclude the above applicant from participating in Niwot Youth Sports programs.

DO NOT WRITE IN THIS BOX

K-2nd Grade \$ 65 _____

Late Registration (After Oct. 24th) \$ 75 _____

3rd - 6th Grade \$ 90 _____

Late Registration (After Oct. 24th) \$ 100 _____

Family Maximum \$180 _____

Please make checks payable to **NYS**

This registration \$ _____

Pd w/other registration _____

Check # _____ (name)

Parent Signature _____

Date _____