



# Player Registration Form

SPORT LEAGUE:

JERSEY SIZE:

DIVISION:

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED

## Player

### CCYS Specific Message

To complete your registration you must sign and deliver your paper application to CCYS. We need to see the original or copy of every registering child's birth certificate to verify the child's age and for proper division placement.

First Name	Middle Name	Last Name	Suffix	Area Code	Telephone
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Nick Name	Street Address	City	State	Zip Code
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Mailing Address (if different from street address)	City	State	Zip Code
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Emergency Contact (other than parent)	Area Code	Emergency Telephone	Physician Name	Area Code	Physician Telephone
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Gender <input type="checkbox"/> Boy <input type="checkbox"/> Girl	Birth Date	Age	School Name	Family E-mail
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Medical Insurance Carrier	Siblings to play with:	Current Injuries or Minor Physical Limitations
Yrs of Experience	Height	Weight

### Parent/Guardian #1 ☐ Father ☐ Mother ☐ Guardian

First Name	Middle Name	Last Name
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Address (if different from player)	City	State	Zip Code	E-mail Address
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Employer	Area Code	Business Telephone	Area Code	Home Telephone	CCYS is an all volunteer organization. I apply to: <input type="checkbox"/> Team Coach <input type="checkbox"/> Referee <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Other
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### Parent/Guardian #2 ☐ Father ☐ Mother ☐ Guardian

First Name	Middle Name	Last Name
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Address (if different from player)	City	State	Zip Code	E-mail Address
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Employer	Area Code	Business Telephone	Area Code	Home Telephone	CCYS is an all volunteer organization. I apply to: <input type="checkbox"/> Team Coach <input type="checkbox"/> Referee <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Team Parent <input type="checkbox"/> Other
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If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.

### Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements

**EMERGENCY AUTHORIZATION:** I, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/or other officials of CCYS to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE NEXT PAGE, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT**

**I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

If you would like to make a tax deductible contribution to assist CCYS, please contact the CCYS Executive Board at [cybl2012@gmail.com](mailto:cybl2012@gmail.com).

DOB Verification	Check No	Fee Charged	Amount Paid

First Name	Middle Name	Last Name	DIVISION
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**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER AND CONSENT AGREEMENTS**

I warrant and acknowledge that I am the parent or legal guardian of the player named on the reverse side of this application, a minor ("Player"), and on behalf of myself, Player and our heirs, assigns and next of kin, I hereby enter into the following agreements IN CONSIDERATION OF Player's being able to participate in any way at practices, games or other activities ("EVENTS") sanctioned by the CCYS.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in basketball necessarily involves travel, play in adverse facility conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I **WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS**. I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation in the EVENTS, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also of the board president as soon as possible thereafter.

I **HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS**, to the fullest extent permitted by law, CCYS, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by CCYS and the agents, employees, officers and directors of said persons or entities ("RELEASEES") from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any of the EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I further acknowledge that CYBL is primarily

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the CCYS's insurance plan are set forth in a pamphlet available from the CCYS Board, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that CCYS may compile and use addresses and basketball photographs of Player. I understand that such publications may be used for brochures, websites, display boards and/or conference materials, for CCYS. I understand that the likeness of my child will not be used for any financial gain and that I may choose not to sign this waiver without penalty. I consent to such uses and hereby waive all rights to approval and compensation.

PLEASE INITIAL BELOW, THEN SIGN IN THE SPACE INDICATED ON THE FIRST PAGE

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Parent/Guardian Initials