



Cordova Park & Recreation

Basketball – Player Registration

Player Information

Name _____

Date of Birth _____

School _____

Current Grade			
☐ K	☐ 1 st	☐ 2 nd	☐ 3 rd
☐ 4 th	☐ 5 th	☐ 6 th	
☐ Girl		☐ Boy	

Parent / Guardian Information

Name _____ Phone _____

Address _____

City _____ Zip _____

Email _____

Separate Emergency Contact Information

Name _____ Phone _____

Uniform Information

* Players must try on sample size before a uniform will be ordered. *

Sample sizes are available at City Hall.

Uniform Jersey
(Youth XS – Adult 3XL)

Uniform Shorts
(Youth XS – Adult 4XL)

Number Choice		
1 st Choice	2 nd Choice	3 rd Choice

Cost is \$85 / player, due at the time of registration. (\$40 for registration, \$45 for uniform)

I give permission for the above-listed child to participate in the Cordova Park & Recreation Youth athletics program. I agree to release and hold harmless the City of Cordova and Cordova Park & Recreation, along with its employees, volunteers, coaches, and officials, from liability for injuries/accidents that may occur during normal participation in the program. I also agree to provide a copy of my child's birth certificate and school report card upon request.

Parent / Guardian Signature _____

Date _____

For Office Use

Date Pd: _____ | CD / CA / CH / MO | Receipt # _____ | Grade Y/N | Sizing Y/N | By: _____



Cordova Park & Recreation

Basketball - Medical Information Form

Player Information

Name _____ Date of Birth _____

Emergency Contact Information

Parent / Guardian Name	_____	Phone	_____
Emergency Contact #1 Name	_____	Phone	_____
Emergency Contact #2 Name	_____	Phone	_____

Medical Questionnaire

1. Does your child have any medical conditions, allergies, or health concerns that coaches or league officials should be aware of? ☐ Yes ☐ No

If 'Yes', please explain: _____

2. Is your child taking any medication that may be relevant during practices or games? ☐ Yes ☐ No

If 'Yes', please explain: _____

3. Does your child have any physical limitations or restrictions that could affect participation? ☐ Yes ☐ No

If 'Yes', please explain: _____

Emergency Medical Authorization: In the event of an emergency, I authorize Cordova Park & Recreation officials to obtain emergency medical treatment for my player if I cannot be reached immediately. I understand that every reasonable effort will be made to contact me before treatment is obtained.

Parent/Guardian Certification: I certify that the information provided on this form is true and complete to the best of my knowledge. I understand it is my responsibility to notify Cordova Park & Recreation if my player's medical information changes during the volleyball season. I acknowledge that the medical information provided on this form may be shared with my player's coaches and other authorized Cordova Park & Recreation personnel as necessary to help ensure my player's health, safety, and well-being during practices, games, and other program activities.

Parent / Guardian Signature

Date