City of Shelley Rec. Youth Basketball **Paid Ca, Ck, CC, # ____ $___**

NOTICE: THE CITY IS CHANGING FROM AN 8 GAME SEASON TO A 6 GAME SEASON (BASKETBALL ONLY)

Players Name: _____ Address: _____

DOB: _____Age: _____ Current Grade: _____ Shirt Size: _____ Sex: M____ F____

Medical Info: Does this child have any disabilities, present injuries, allergies or other medical conditions that we need to be aware of?

_____

Parent/Guardian: _____ Phone: _____

Emergency Contact Name and Phone# _____

Email: _____

Waiver of Liability-Permission to participate -Permission of Emergency Authorization. I recognize the risks inherent with my child's participation in this program. I unconditionally release the City of Shelley, Shelley Youth Basketball Organization, its directors, and volunteers from any and all liability or claims that may result from participation in this program unless the injury is a direct result of gross negligence or recklessness of the organization and not caused in part by my child's own negligence. In case of injury or illness, I give permission for my child to be transported to and receive medical treatment at a local medical facility, and I guarantee payment of all expenses. I have read listed above any special medical conditions that the organization needs to be made aware of regarding medical treatment.

_____ Signature of Parent/Guardian

<u>If you live outside of city limits, add $10.00 to cost.</u> City Limits: Yes/ No

PreK-Kindergarten Grades Co-Ed, $45.00 _____ 1-2 Grade _____ 45.00

3-4 Grades Co-Ed, $50.00_____5-6 Grades Co-Ed, 55.00_____

7-9 Grades Co-Ed, 55.00_____

Coaches are needed in all ages! The Head Coach only gets one player's entry fee for free

_____ Yes, I can Head Coach, **Coach Shirt $12.00 Size_____ Extra shirts for purchase for Asst. Coach or family members 12.00 each, How Many: _____ Size(s): _____**

Ga**mes will be every Saturday in January and February.** Please return to City Hall or Mail to Mike Kidman, 101 S. Emerson, Shelley, ID, 83274, by October 9th. Additional forms can be printed off the City Web Page. 10.00 late Fee Charge after October 9th. **Coaches Only Drafts will be on October 15th or 16th.** Please get in touch with Mike Kidman at 208-357-3390 (make checks **payable to City of Shelley). Online Registration is available at cityofshelley.org**

NOTICE: THE City of Shelley Rec Jr. Jazz Program is a 6-GAME SEASON (BASKETBALL ONLY)