** 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

**If you live outside of city limits, add 10.00 to cost,** **City Limits: Yes/ No**

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

3-4 GradesCo-Ed, $50.00\_\_\_\_\_\_\_\_\_5-6 Grades Co-Ed, 55.00\_\_\_\_\_\_\_\_

7-9 Grades Co-Ed, 55.00\_\_\_\_\_\_\_\_\_

**Coaches are Needed in all ages! Head Coach only gets one player 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 Mikel Anderson, 101 S. Emerson, Shelley ID, 83274, By October 11th, Additional forms can be printed off the City Web Page. 10.00 late Fee Charge after October 11th. **Coaches Only Drafts will be October 17th or 18th)** Question Please Contact Mikel Anderson 208-681-3390 **(Make check payable to City of Shelley) Online Registration is available at cityofshelley.org**

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