



Youth Basketball League Recreation Division

Participant Name: _____ Date of Birth: _____

Male ___ Female ___ Grade: _____ School: _____

Primary Guardian: _____

Primary Phone Number: _____

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Secondary Guardian: _____

Secondary Phone Number: _____

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Team Selection:

___ New Player ___ Returning Player - Last year child played YBL Grade: _____

Team Name: _____ Coaches Name: _____

___ Want to play on the same team ___ Do not want to play on the same team ___ No Preference

Division (Grade) Desired to play: K ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___

Special Requests (ONLY ONE) _____

Please remember all attempts will be made to accommodate requests, however requests are not guaranteed.

Uniform Information:

T-Shirt:

Youth: XS ___ S ___ M ___ L ___

Adult: S ___ M ___ L ___ XL ___

Coaching Information:

The youth basketball league is enhanced by the efforts of Volunteer Coaches, Assistant Coaches, and Team Assistants.

___ I am interested in coaching (if different from above) Name: _____

___ I am interested in being an assistant coach Name: _____

Youth Basketball League Assumption Risk, Waiver and Release

I, the undersigned guardian, agree that there are inherent risks of injury from my child's participation in the Cheyenne Recreation Division Youth Basketball League. Those risks include, by way of example and not limited to: cuts, scrapes, bruises, sprains, strains, pulled muscles, and/or broken bones. I recognize that any activity involving motion and contact creates the possibility of serious injury, including permanent paralysis and even death. I agree to make my child aware of the risks of injury and to instruct my child to follow the safety rules and the coach's instructions at all times.

I understand that members of the Cheyenne Recreation Division staff, game officials, or the volunteer coaches might be required to give first aid to my child in the event of an injury or illness. I consent to the administration of first aid procedures on my child by the Cheyenne Recreation Division staff, game officials, or volunteer coaches, and the calling of an ambulance to transport my child to the hospital if an injury requires more than basic first aid.

Therefore, in consideration of my child's participation in the Cheyenne Recreation Division Youth Basketball League, I fully assume all risks associated with my child's participation in the Youth Basketball League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which my child or I have or which may accrue against the City of Cheyenne, its offices, employees and volunteers for any and all waiver and release applies to any negligence on the part of the City, its officers, employees and volunteers. I understand that I am relinquishing legal rights. Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities which may result from my child's participation in the Cheyenne Recreation Division Youth Basketball League, and I agree not to initiate any legal proceedings against the City of Cheyenne, its officers, employees, and volunteers.

The undersigned acknowledges that novel coronavirus (COVID-19) infections have been confirmed throughout the United States, including several cases in Wyoming. In accordance with the most recent guidance and protocols issued by the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Wyoming Department of Health and the Laramie County Department of Health, for slowing the transmission of COVID-19, the undersigned hereby agrees, represents, and warrants that neither the undersigned, nor parent/guardian shall visit or utilize the facilities, services or programs of the Cheyenne Recreation Division within 14 days after

- (i) Returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice
- (ii) Exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice
- (iii) Or exposure to any person who has a suspected or confirmed case of COVID-19.

The CDC Travel Health Network is continuously updating this list and the undersigned agrees that they are aware of this list.

The undersigned hereby agrees, represents and warrants that neither the undersigned nor minor children shall visit or utilize the facilities, services or programs of the Cheyenne Recreation Division if he or she

- (i) Experiences symptoms of COVID-19, including, without limitation, fever, cough or shortness of breath, or
- (ii) Has a suspected or diagnosed/confirmed case of COVID-19.

The undersigned agrees to notify the Cheyenne Recreation Division if he or she believes that any of the foregoing access/use restrictions may apply. I certify that I have read and understood this document and sign it knowingly, willingly and voluntarily and that I am authorized to sign this document on behalf of my child.

I have read the above statements and acknowledge the terms of the agreement.

Participant's Name: _____

Guardian's Name: _____

Guardian's Signature: _____

Date: _____