



2022-2023  
Co-Rec Youth Basketball League  
K – 2<sup>nd</sup> Grade Season

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

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: \_\_\_\_\_

Office Use:

Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_ \$: \_\_\_\_\_

## City of Cheyenne Youth Basketball League Assumption of Risk, Waiver & 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 are 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 always follow the safety rules and the coach's instructions.

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

Therefore, in consideration of my participation in the Cheyenne Recreation Division Youth Basketball League, I fully assume all risks associated with my participation in the Youth Basketball League. I waive, release and discharge for myself, my child, my family members, heirs, administrators, personal representatives, and successors and assign, any rights and claims which 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 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.

Also, I hereby grant permission to the Cheyenne Recreation Division Youth Sports Program and its representatives to capture my child's image and likeness in photographs, recordings, videotapes, or any other forms of media for any lawful purpose, including but not limited to: ensuring the safety and well-being of all coaches, participants, family members, and guests, evaluation of coaches and officials, security, and for other Youth Sports Program promotional, advertising, illustration or web content purposes.

I acknowledge I have read and understand the above, and knowingly and voluntarily agree to be bound by these terms and conditions.

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

### YOUTH BASKETBALL LEAGUE REFUND POLICY

1. Upon request, full refunds will be given from the time of registration until the uniform order has been placed by the Recreation Division staff.
2. Upon request, after uniform orders have been placed but before the start of the season, refunds will be given minus uniform cost and admin fee.
3. After the start of the season, requests for refunds must be due to a verifiable medical reason (we will request a doctor's note). Requested refunds will be given, less uniform cost only. Non-medical requests for refunds after the start of the season will not be approved.