



2019-2020 Cook Athletic Association Youth Co-ed Basketball League

(Between Atlantic & Pacific Ave., runs parallel to Hamilton Ave.)

Telephone (609) 586-5117

CookAABasketball@gmail.com

Athletic Director: L. Cassandra Hodges-Jones 609-336-1195

Assistant Athletic Director: Trevor Jones 609-418-0277

REGISTRATION / PARENTAL CONSENT FORM (Please PRINT clearly!!!)

Player's Name: _____ Date of Birth: _____ Age: _____

Street Address: _____

City, State, Zip Code: _____

Name of Health Insurance: _____

Member ID #: _____ Group #: _____

**Cook Athletic Association Adult Membership Fee required in addition to the basketball registration fee*

\$35.00 Parent/Guardian or \$45.00 Husband/Wife & Domestic Partners – no child can play without his/her parent/guardian becoming a member

Parent/Guardian Name (**PRINT**): _____

Email Address (Please **PRINT** clearly): _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

I am/I know someone interested in: (Circle One): **Head Coach** **Assistant Coach** **Team Mom** **Team Sponsor**

Best time to contact: Daytime @: (____) _____ Evening @: (____) _____

Did you play in the Cook Athletic Association Basketball League last year (Circle One)? **YES** **NO**

Registration Fee: **NON REFUNDABLE**

Before Oct. 27th	\$80/player	Additional Children \$70 ea.	Cook Athletic Association in-person registration Sept. 29, 2019 @ 1pm – 3pm
+ Cook AA Adult Membership \$35/\$45			Cook Athletic Association in-person registration Oct. 27, 2019 @ 1pm – 3pm
After Oct. 27th	\$100/player	Additional Children \$90 ea.	
+ Cook AA Adult Membership \$35/\$45			
Any registration submitted after October 27, 2019 will incur additional fee of \$20			
Parents/Guardians are required to work the concession and participate in fundraising.			
Cook Athletic Association has collaborated with the Jr. Sixers to promote safe and fun basketball for our participants. The registration price did increase due to this partnership. Our participants will benefit from skills clinics with the Sixers staff and will have the opportunity to meet someone from the Sixers. Each participant will also receive a Jr. Sixers jersey and shorts for the All-Star Weekend.			

Please circle any night(s) that you **cannot** practice due to previous commitments from November – March. We will make every attempt to accommodate, **but please realize that we have to work within the availability of the gym and keep the teams balanced. Therefore, this is not a guarantee!**

Circle all that apply: **Mon / Tue / Wed / Thurs / Fri / No Conflicts**

Shirt Size (Circle One): **YS / YM / YL / AS / AM / AL / AXL**

Below is the Parent/Guardian authorization form granting his/her child/children permission to participate in the Cook AA Youth Basketball Program. The signing of this application shall be considered a full and complete waiver and release for any and all claims for injury sustained by the child against the COOK AA, its sponsors, agents and employees.

_____ (player's name) has no medical condition or physical impairment which would be affected by his/her participation in the Cook Athletic Association Youth Basketball Program. I agree that the Cook Athletic Association will not be responsible, and I agree not to institute any lawsuit or claim against the Cook Athletic Association for any personal injuries sustained by my child while he/she participates in this program. I hereby authorize the Cook Athletic Association Basketball staff to act for me according to their best judgment in any emergency requiring medical attention for my child.

Signature of Parent or Guardian: _____ Date: _____

Please submit Photo Consent Form with registration.