

Cold Spring Area Youth Sports Association

2019 ROCORI Basketball Elementary Program Registration Form for Boys & Girls Grades 1st through 4th

Player Name _____ Male _____ Female _____

Address _____ City _____ Zip _____

Current Grade _____ School: _____

Name of Parents/Guardians _____

Dad's Cell ___ - ___ - ___ Email _____

Mom's Cell ___ - ___ - ___ Email _____

***Volunteer Coaches (Parents/Relatives) are needed in order to create teams. Please, Please consider coaching! Name: _____ . Phone: _____ .**

(circle one) **Head** **Coach Asst.** Coaches Shirt Size – (Adult) S ___ M ___ L ___ XL ___ 2XL ___

Player T-Shirt Sizes: (Youth Sizes) S ___ M ___ L ___ (Adult Sizes) S ___ M ___

Player Short Sizes: (Youth Sizes) S ___ M ___ L ___ (Adult Sizes) S ___ M ___

Fee: \$45.00 Payable to: CSAYSA – Basketball. Please bring completed form and payment to the Registration night on **Wednesday, Dec. 5th @CSE Commons 6-7:00PM.** REGISTRATION DEADLINE IS DEC. 18th. A \$10 Late Registration fee will be added to registration after this date.

Student's Physician _____

Clinic _____ Phone _____

By my signature, I hereby give permission for my child _____ To participate in the CSAYSA Elementary Basketball Program. I acknowledge that I will not hold Rocori School District #750 or CSAYSA and any of its members, coordinators, coaches, team sponsors, or staff liable for any injury that my child may receive while participating in the program. Also, I give permission to have my child receive medical treatment if any injury should occur to him/her while participating in the program when I, as a parent or guardian, am not available and cannot be reached. I acknowledge that funds paid will be used for all CSAYSA Elementary Basketball Programs, to provide all participants equipment and playing opportunities. All coaches may be subject to a background check.

Parent/Guardian Signature _____ Date _____

If you have any questions, please contact Matt Hibbison at hibbisonm@gmail.com or 320-266-3371.

