

**COEUR D'ALENE RECREATION DEPARTMENT  
2012 YOUTH BASKETBALL  
K / 1 / 2 GRADE**

BOY \_\_\_\_\_ GIRL \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PLAYERS NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Do you currently receive e-mails from us regarding upcoming activities? YES \_\_\_\_\_ NO \_\_\_\_\_

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WE WILL NEED A VOLUNTEER TO COACH BASKETBALL. WILL YOU COACH? YES \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Rec. Dept., its affiliated organizations and sponsors. Recognizing the possibility of injury associated with BASKETBALL, I hereby release, discharge, and/or indemnify the Cd'A Rec. Dept., its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity.

CONSENT FOR MEDICAL TREATMENT (MINOR): As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

AMOUNT PAID: CITY RESIDENT (\$26) \_\_\_\_\_ N RESIDENT (\$31) \_\_\_\_\_

LATE FEE: \$5. after January 13.

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If you want to **SPONSOR** a team, please fill out the following information.  
Sponsorship is \$135. Your artwork and shirt color choice is due by January 13.

Sponsor name: \_\_\_\_\_ Contact person: \_\_\_\_\_

Business address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt Color: \_\_\_\_\_ Print/logo color: \_\_\_\_\_