COEUR D'ALENE RECREATION DEPARTMENT YOUTH COMPETITIVE BASKETBALL LEAGUE PLAYER REGISTRATION FORM GRADES 5TH - 7TH

TEAM NAMI	E: GRADE:
PLAYERS NA	AME:BIRTHDATE:
ADDRESS: _	PHONE:
CITY/STATE	E/ZIP:
Cd'A Recreation injury associate Cd'A Recreation against any claim CONSENT FO named participar Doctor of Media	pardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the con Dept., its affiliated organizations and sponsors. Recognizing the possibility of physical ed with BASKETBALL, I hereby release, discharge, and/or otherwise indemnity the con Dept., its affiliated organizations and sponsors, their employees and associated personne im by or on behalf of the registrant as a result of the registrant's participation in the program of R MEDICAL TREATMENT (MINOR): As the parent or legal guardian of the above ant, I hereby give my consent for emergency medical care prescribed by a duly licensed icine or Dentistry. This care may be given under whatever conditions are necessary to be, limb, or well-being of my dependent.
	E OF PARENT/GUARDIAN:
I, the parent/swhich includ	guardian agree to abide by all Coeur d'Alene Recreation Department rules le:
Rule 5. Rule 19.	Coaches and parents of all teams must pick up their own trash at the game. Any player, coach, parent, or spectator called for a technical foul will be required to not attend the next game. Any player, coach, parent, or spectator asked to leave the gymnasium will not be allowed back for the remainder of the season.
SIGNATUR	RE OF PARENT/GUARDIAN: