

2019

FALL

Register Online

www.rrecreation.com



Form of Payment (Circle)

Cash Check

Check # _____

Amount Paid: _____

YOUTH SPORTS | Registration Form

Participant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Grade (Current): _____ or NA Gender (Circle): Male or Female

Email Address: _____ Phone Number: _____

(Confirmation will be delivered via email only)

Parent/Guardian Name: _____ Phone Number: _____

(If participant is under 18, please provide us with a parent/guardian name and phone number)

Emergency Contact: _____ Phone Number: _____

(Only required if you are the participant and/or different from parent/guardian information)

| Class Name | Dates | Days | Times | Location | Cost |
|---|---|---------------------|--|---|----------------------|
| Girls Playmaker Basketball <i>(Wind River Conference)</i> Jersey Size: _____ | Oct. 14-Nov. 14 | M-TH | 4-5:30pm (5 th -6 th graders) | Rendezvous Elem. Gym | \$60 |
| Girls Playmaker Basketball Transition League (3 rd -4 th) Rookie League (1 st -2 nd) Co-Ed Mini Playmakers (Kinder) | Oct. 21–Nov. 20 Oct. 22–Nov. 21 Oct. 29–Nov. 21 | M/W T/TH T/TH | 5:30-6:30pm (3 rd -4 th graders) 5:30-6:15 (1 st); 6:15-7pm (2 nd) 5:30-6:15pm (Kindergarteners) | Rendezvous Elem. Gym Willow Creek Elem. Gym Aspen ELC Elem. Gym | \$30 \$30 \$30 |
| Lil' Hoopers Basketball | Sept. 17-Oct. 3 | T/TH | 4:30-5:15pm (3-5 yrs. old) <i>No Kindergarteners</i> | Jackson Elem. Gym | \$30 |
| Little Spikers Volleyball | Oct. 1–17 | T/TH | 4:30-5:15pm (1 st -3 rd graders) | Willow Creek Elem. Gym | \$20 |
| Junior 'R' Volleyball | Oct. 1–17 | T/TH | 5:30-6:30pm (4 th -6 th graders) | Willow Creek Elem. Gym | \$20 |
| Junior Wrestling Camp | Dec. 26, 27 & Jan. 2, 3 | TH/F | 9-10am (4-5 yrs. old) 10-11am (6-8 yrs. old) | Tonkin Activity Center | \$30 |

I, Initial participant and/or parent/guardian, hereby give permission for CWC to use the likeness of myself and/or child for promotional purposes, such as newsletters, flyer's, etc.

I, Initial participant and/or parent/guardian, hereby give permission for any and all medical attention to be administered to myself and/or child in the event of accident, injury, sickness, etc. under the direction of CWC. I also assume the responsibility for the payment of any such treatment. In consideration for the acceptance of myself and/or child's entry, I hereby, for myself, my child, and my heirs, waive and release any and all rights and claims for damages I or my child may have against Central Wyoming College and their representatives and assigns for any and all injuries suffered by myself or my child at any activity sponsored by Central Wyoming College.

I understand that during an activity, myself and/or child's conduct directly affects the good order and safety of the group. I expect myself and/or child to exhibit conduct, and behavior in accordance with institutional rules. I agree that acts such as using tobacco, speaking with profanity, consuming intoxicating drugs or beverages, fighting or stealing cannot be tolerated. I agree to be financially responsible for any loss, damage, loss or use, or costs to persons or property caused by the actions of myself and/or child. If, at the sole discretion of the registered adult leader on an activity, myself and/or child's acts out continual behavior and conduct violates institutional rules and regulations, I understand that myself and/or my child's opportunity to participate will be terminated and arrangements will need to be made to leave the program and facility at such time.

Participant or Parent/Guardian Signature: _____ Date: _____