



# 2009-2010 Basketball Registration Form

Registration dates: 10/15- 11/5 Late registrations **NOT** accepted

**Registration fee is \$75**

Please note the CRA is now offering Kindergarten through 6th grade age groups for basketball (K-1 combined/coed)

## PLAYER INFORMATION

NAME	LAST	FIRST	MIDDLE
ADDRESS 1			
CITY/ STATE/ ZIP	CITY	TX	ZIP
PHONE	EMAIL		
GRADE	GENDER	MALE _____	FEMALE _____

**UNIFORM REQUESTS: INDICATE YS / YM / YL / AS / AM / AL / AXL**

<b>PANT SIZE</b>	<b>SHIRT SIZE</b>	<b>JERSEY NUMBER</b> -not guaranteed
<b>IF NEW PLAYER, YOU MUST BE ENROLLED IN SCHOOL FOR THE 2009-2010 YEAR -- PLACEMENT ON SPECIFIC TEAM NOT GUARANTEED</b>		
NEW PLAYER _____	RETURNING PLAYER SAME TEAM _____	COACH _____
ARE YOU REGISTERING MULTIPLE PLAYERS?		YES _____ NO _____
HAVE YOU PARTICIPATED IN ANY OTHER CRA SPONSORED SPORT IN THE LAST 12 MONTHS?		YES _____ NO _____
<b>WHICH?</b>		YES _____ NO _____

## PARENT / GUARDIAN INFORMATION

	PARENT 1 - REGISTERING PARENT	PARENT 2 - ALTERNATE PARENT
NAME		
ADDRESS IF DIFFERENT		
PHONE	CALL 1ST H W C	H W C
	CALL 2ND H W C	H W C
	CALL 3RD H W C	H W C
EMAIL		

**POSITIONS YOU WOULD CONSIDER VOLUNTEERING FOR:**

COACH _____	TEAM MOM _____	TOURNAMENT ASSISTANCE _____
ASST COACH _____	CONCESSION STAND _____	BOARD MEMBER _____

## EMERGENCY INFORMATION

	PHYSICIAN CONTACT:	EMERGENCY CONTACT:
NAME		
PHONE		
PHYSICAL LIMITATIONS/ALLERGIES		

I, parent or guardian of the above named candidate for a position in a CRA sports program, do hereby give approval to his/her participation in any and all league activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the parent or local league organization, the organizers, the owner of facilities for use of play, sponsors, supervisors, participants, and persons transporting the player to and from activities; for any claim arising out of an injury to the player, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

As the parent or legal guardian of the above name players, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

I agree to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear.

I agree to furnish a certified birth certificate no later than Nov. 15th, 2009 of the above named candidate, or upon request by league officials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### OFFICIAL USE ONLY

DATE REGISTRATION RECEIVED: _____	LEAGUE ASSIGNED: _____	FEE RECEIVED: _____
TIME REGISTRATION RECEIVED: _____	PROTECTED PLAYER: _____	SCHOLARSHIP: _____
BIRTH CERTIFICATE ON FILE: _____	EVAL RATING: _____	DISCOUNT APPLIED: _____