

Platte Valley Youth Basketball
Player Registration (One player per form)

PLAYER INFORMATION

Player Name: _____ Home Phone: _____

P. O. Box: (not street) _____ City: _____ Zip: _____ Age: _____

Grade: _____ Date of Birth: _____ # years played: _____

Parent and/or Guardian Information

Name: _____ Employer _____

Cell # _____ ***Email: _____

INSURANCE INFORMATION

Carrier: _____ Insured's Name _____ Policy # _____

Emergency Contact: Full Name: _____ Phone _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, etc.? If yes, please explain

Emergency Authorization:

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the supervising adults, coaches or volunteer parents acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the emergency contact listed above.

Signature of Parent or Guardian

Waiver of Liability and Disclaimer:

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. I further acknowledge that parents, who volunteer their time, rather than paid professionals, primarily administer this program. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individuals in this program, I hereby release, discharge, and hold harmless the Town of Saratoga, its elected officials, employees, agents, the program coaches, volunteers and other representatives from any and all claims, demands, liabilities, and causes of action arising out of or relating to any injury that may result to said individual while participating in this program.

Signature of Parent or Guardian

Publicity Information:

From time to time employees of the Saratoga Recreation Department and the Town of Saratoga may take pictures of participants in their sponsored activities to be published in the newspaper or posted online on the Town of Saratoga website or Facebook page to help promote future activities.

_____ Please initial to acknowledge that you have read this information and agree to its content.

*******AS A PARENT, I WILL COACH _____ ASST. COACH _____ OFFICIATE _____ SCORE-KEEP _____**

COST: _____\$30 (1 child) \$50 – 2 children / \$60 – 3 or more (Payable to the Town of Saratoga)
SHIRT SIZE _____

Forms AND payment can be delivered to the Saratoga Recreation Office, Saratoga Elementary Office or the Encampment School Office by January 31st, 2024.

LATE OR INCOMPLETE REGISTRATIONS WILL NOT BE ACCEPTED!