

# Forms due back by February 17, 2012



## JR. COUGAR BASKETBALL LEAGUE

Grades K-2 and Grades 3-5  
 CAPITAL CHRISTIAN ATHLETICS ♦ (916) 856-5618 ♦ [suzanne@ccconline.cc](mailto:suzanne@ccconline.cc)



### 2012 Registration

Name: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

GRADE: K 1 2 3 4 5 Gender: BOY GIRL Age: \_\_\_\_\_ Height: \_\_\_\_\_

Team Shirt Size: YM (8-10) YL (10-12) AS AM AL

Parents/Guardians \_\_\_\_\_ Phone # \_\_\_\_\_ e-mail address (kept confidential) \_\_\_\_\_

Additional contact (if necessary) \_\_\_\_\_ Phone # \_\_\_\_\_ e-mail address (kept confidential) \_\_\_\_\_

**Medical Information:** (Please circle any that apply) Family Doctor: \_\_\_\_\_ # \_\_\_\_\_

Asthma Fainting Epilepsy Diabetes Heart Trouble Convulsions ADHD Other: \_\_\_\_\_

Allergies: \_\_\_\_\_ Reaction to Medications: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

This health history is correct to the best of our knowledge and the student named above has permission to participate in all related activities. In case of accident, I/we give permission for the administration of first aid. I/We also realize that basketball involves a certain risk of injury. In the interest of safety, it is vital for all participants (players and spectators) to follow the directions of coaches and officials regarding league and team policies. These policies forbid any aggressive behavior, physical or verbal abuse, threats, intimidation, harassment, coercion or other conduct, which threatens, endangers, or disrespects any another person. Failure to abide by these policies may result in suspension for the player or spectator from CCS events. By signing this form, we agree to abide by these policies and also agree to assume all inherent risks for our child to participate in the sport of basketball. We further agree to hold the league, its representatives, coaches, volunteers and agents harmless in any, and all liability actions, claims, or additional legal action in connection with participation in any activities related to CCS programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<u>FEES</u>	<u>AMT</u>	<u>Shirt/Short Size</u>
Registration - \$55* on/before Feb. 17		
Registration - \$65 after Feb. 17		
Game T-shirt		YM YL AS AM AL
Black game shorts (Optional) - \$15		YM YL AS AM AL
<b>TOTAL DUE</b>	<b>\$</b>	

*Includes Team/game T-shirt, 5x7 team picture*

Practices are held one day per week (Mon-Fri) approximately one hour anytime between 3:30 – 6:30. Games are played one/two day(s) per week (Mon-Fri) anytime between 3:30- 7:30. Checks payable to CCS. Family Plan - Oldest two students pay full price, all other younger siblings pay half price. For family plan (more than two students), check here  and list other siblings:

Reserved for CCS use: Date: \_\_\_\_\_ Paid: \_\_\_\_\_ check # \_\_\_\_\_ cash