



Players Application



Winter Youth Basketball League 2010–2011

PLEASE PRINT

Player's Name: _____ Gender: ___ male ___ female

Age (as of December 31, 2010): _____ Date of birth: ___/___/___

Height: _____ feet _____ inches Years played organized league: _____

School attending: _____ Grade in school: _____

Email address _____

Players, coaches and adults must show good sportsmanship while attending youth games and practices. The City of Corpus Christi Parks & Recreation Department reserves the right to dismiss anyone from the gym and the league for disorderly conduct. I understand if my child does not attend an evaluation that he or she will be placed on a team the night of the draft according to the order of the draft.

Parent's Name: _____ Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Medical Release / Waiver

I (parent or guardian), _____, do hereby authorize the City of Corpus Christi Parks & Recreation Department to provide emergency medical treatment to my child _____, in the event that I am unreachable and in the event of an emergency need for such treatment. I further authorize the treatment to be provided by the licensed medical practitioner or facility determined by the staff to be the best able to serve my child's needs and further, I understand that I am totally responsible for any expense associated with such treatment. I hereby agree not to sue the City of Corpus Christi if my child is injured in any manner while participating in said program. I will hold the City of Corpus Christi and staff harmless from all monetary damages, including punitive damages, imposed by any lawsuit filed related to any injury my child may receive while participating in said program. I understand that by signing this I give up all rights to sue the City of Corpus Christi.

By signing this application, I agree that I have read all information pertaining to the league and that I agree with all the guidelines set forth by the Park and Recreation Department.

Parent's Signature: _____ Date: _____

Received by: _____ Date: _____

Receipt #: _____ Check #: _____ Cash: _____

I hereby DO _____ DO NOT _____ consent and authorize the City of Corpus Christi to reproduce photographs or video of my child for advertising and publicity purpose of every description.

Parent's Signature: _____ Date: _____

The City of Corpus Christi promotes participation regardless of race, color, national origin, sex, age, religion, political belief or disability. Reasonable accommodations are provided upon request and in accordance with the Americans with Disabilities Act. For assistance or to request a reasonable accommodation, please call 361-826-3460 at least 48 hours in advance. **Upon request, this information can be available in large print and/or computer disk.**