

**CHADRON YOUTH BASKETBALL LEAGUE**

Registration Form

Player's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Circle Grade:           3rd           4th           5th           6th

We, \_\_\_\_\_ and/or \_\_\_\_\_  
                                (Parent's Name)                                  (Guardian's Name)

do hereby consent that \_\_\_\_\_ may play  
  (Player's Name)  
basketball in the youth basketball league, and realizing that injuries may result to the above named player, we do hereby covenant and agree that we will not sue or cause to be sued any individuals, or corporations, or sponsoring organizations for any injuries of any kind or nature, claims or damages, arising or resulting to or from the said player while participating in any scrimmages, practices, scheduled games or activities relating to the youth's participation therein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent and/or Guardian's Signature

\_\_\_\_\_  
Address (if different than above)

\_\_\_\_\_  
Phone Number

**VOLUNTEERS NEEDED**

Volunteers are needed for team Coaches and league Referees'. Please help us out and sign up during registration. Thanks!

- \_\_\_\_ Coach
- \_\_\_\_ Assistant Coach
- \_\_\_\_ Referee

Mail to: CCR  
P.O. Box 4  
Chadron, NE 69337