



# 2019-2020 Registration Form

Website: [cascadeyouthbasketball.com](http://cascadeyouthbasketball.com)

Email: [ben.nelson@academymortgage.com](mailto:ben.nelson@academymortgage.com)

**Participation Fee: \$50/player or \$85/family**  
 Complete this form & mail with check or money order to:  
**CYB, PO BOX 84, TURNER, OR 97392**  
 Returned check fee - \$15      Late registration fee - \$10

This form may be used for one or both sessions. Use deadline of earliest session for which you are registering. **REGISTRATION MUST BE POSTMARKED BY DEADLINE AS LISTED BELOW:**

**Session 1 (grades 5-6) registration deadline: Oct. 19, 2019**  
**Mandatory Clinic: October 19** at Cascade High School: ~Girls at 2:00 pm ~Boys at 4:00 pm

**Session 2 (grades 1-4) registration deadline: December 21, 2019**

**LEAGUE USE ONLY**

Amount paid: \_\_\_\_\_  
 Amount still due: \_\_\_\_\_  
 \_\_\_ Check( #\_\_\_ ) or \_\_\_ Cash  
 Rec'd by \_\_\_\_\_  
 Session:      Team:  
 \_\_\_\_\_      \_\_\_\_\_

**FAMILY INFORMATION** (Single child per form please. Family fee includes players in all sessions, please note if sending separately.)

Parent/Guardian name:				Phone:		Email:	
Current address:							
Child name	School	Grade	Gender	Live in district?	T-shirt size SM-XL (youth or adult?)	Played CYB last year?	Coach/teammate request? (CYB cannot guarantee)

**RELEASE OF LIABILITY:**

I/We, the parents/guardians of the above-named registrant approve of their participation in any and all CYB activities. I/We assume all risks and hazards incidental to their participation, including transportation to and from these activities. I/We know that participation in basketball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release and absolve, indemnify, and agree to not hold harmless CYB, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident and liability insurance. I/We further understand that any insurance coverage provided by CYB is secondary to any other insurance coverage I/we may have.

Signature of Parent/Legal Guardian:	Date:
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**MEDICAL RELEASE:**

I/We give our consent and authorization for my/our child \_\_\_\_\_ in the event of injury or illness, to be medically treated by a qualified physician or dentist to render such medical or dental treatment as the doctor decides necessary under the circumstances including by not limited to first aid treatment, anesthetics, suture of wounds, X-rays, and/or other procedures.

Signature of Parent/Legal Guardian:	Date:
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**INSURANCE INFORMATION:**

Insurance carrier:	Allergies & medical conditions:
Policy number:	
Family doctor:	City:
Family dentist:	City:

**EMERGENCY CONTACT INFORMATION:**

Parent/Guardian:	Home phone:	Cell phone:
Other emergency contact:	Relationship:	Phone:

**VOLUNTEER SUPPORT:**

Cascade Youth Basketball is a volunteer nonprofit organization. Your participation and support is vital to the continued success of the programs for the children of our community. Please indicate below where you may be able to support CYB and help make this program better than ever. Thank you for any help you can give!

Coach	Asst Coach	Referee	Sponsor	Registration	Team Parent
Fundraiser	Board Member	Jamboree Help	Score Keeper	Other	