



# CHANUTE RECREATION COMMISSION

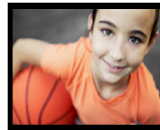
## Youth Basketball

### 2008

K-2nd grade  
Pee Wee: 4 & 5 yrs old

### Registration Deadline:

Friday, October 3, 2008



<b>FEE STRUCTURE:</b>	
<b>Pee Wee:</b>	<b>\$6.00</b>
<b>LEAGUE:</b>	<b>\$10.00</b>
(On or before Oct. 3rd)	
<b>LEAGUES:</b>	<b>\$15.00</b>
(After Oct 3rd)	
Late registrations not guaranteed placement on a team.	

**Return Form To:** Chanute Recreation Commission  
1621 W. 14<sup>th</sup> Street

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_ Parent's Name \_\_\_\_\_

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ BOY or GIRL Pee Wee (4yrs)

Is a brother or sister playing in the same age division? If yes, Name \_\_\_\_\_

**Shirt Sizes:** (All Leagues except Pee Wee)  
(Please Circle correct size)

**YS YM YL AS AM AL AXL**

**All leagues will be furnished with team jerseys, which will be provided by area sponsors.**

I would like to volunteer to: **Definitely Coach** \_\_\_\_\_ **Assistant Coach** \_\_\_\_\_ **Coach if Needed** \_\_\_\_\_

**Coaches Name** \_\_\_\_\_ **Home #** \_\_\_\_\_ **Work #** \_\_\_\_\_

\*\*Depending on the number who sign up to coach, checking your interest to coach will neither guarantee nor obligate you to coach a team.

Does your child have any medical concerns, take any medications, or have any disabilities that the Recreation Commission and coach should be made aware of? (Please Specify)

\_\_\_\_\_  
(Over Please)

## YOUTH ATHLETIC GRADE/AGE CUT-OFF POLICY

**At their May 1998 board meeting Recreation Commissioners approved the following policy for age/grade cut-offs for our youth sports programs. Players must play in their designated age group.**

1. PEE WEE: Participants must be four (4) years of age by the start of the program.
  
2. YOUTH BASKETBALL: Grade level will be used to determine the age division in which a player is eligible to participate.
  
3. Any youth turning five (5) before the start of the program will be eligible to participate in either the Pee Wee League or the Kindergarten League even though they may not be in Kindergarten.
  
4. ADA ACCOMMODATIONS: A youth with a mental or physical disability may request to be held back or placed in a division lower than they typically would play. The CRC staff will make approval.

Amount Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_ Scholarship \_\_\_\_\_

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### PARENT/S GUARDIAN RELEASE:

I/We the parent(s) of the above youth, do hereby enroll and file our approval for my/our child to participate in the Recreation Commission Outdoor Soccer Program. In the event of any injury to myself or my child and I or my spouse cannot be contacted, I give permission to the attending physician to render such treatment. I/We now release, absolve indemnify and hold harmless any civic or private organizations, the organizers, the sponsors and the supervisors appointed by them. I/We, likewise, release from responsibility any person transporting my/our child to or from said activities. I/We, if need arises will furnish a birth certificate of the above child upon request of sponsors. PHOTO PERMISSION: I/We the parents of participating individual do hereby grant permission for pictures to be used in publicity or brochures related to the Chanute Recreation Commission. I/We do hereby and hereon realize that the program and game is for the purpose of recreation.

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Parent/Guardian Signature