

# 2020 Grand County Youth Basketball Season

We are excited to begin the 2020 Season on Tuesday January 7th. All practices will be held in the Fraser Valley Elementary Gym. 3rd and 4th Graders will practice from 3:30-4:45pm and 5th-6th Graders will practice from 4:50pm-6pm. ***Please return this packet to the GPCRC for player registration by December 19, 2019.*** Homework Club will be offered for 5<sup>th</sup> graders at the FVE School if your child needs to stay after school for an additional \$30/season. Please enroll through [fraservalleyrec.org](http://fraservalleyrec.org) or call 970-726-8968 x.0

Grade	Day	Practice Times	Cost
3rd-4th	Tuesday Thursday	3:30- 4:45pm	\$65
5th-6th	Tuesday Thursday	4:50-6pm	\$65 Homework Club extra \$30



2020 Saturdays Gamedays	
Jan. 18th	East Grand Middle School
Jan. 25th	East Grand Middle School
Feb. 8th	East Grand Middle School
Feb. 22nd	West Grand High School
Feb. 29th	West Grand High School

**Registration-** Please fill out the reverse side of this form and drop it off at the Grand Park Community Recreation Center front desk by December 19, 2019.

**Coaches-** If you are interested in coaching please contact [Dan@fraservalleyrec.org](mailto:Dan@fraservalleyrec.org). Coaches will receive a free registration for their own child as a thank you for coaching!

**Uniforms-** Players will receive uniforms to use on gamedays. All uniforms must be returned following the last game of the day.



# PLAYER REGISTRATION

NAME:	AGE & GRADE:
Allergies?	Circle one: <b>MALE</b> <b>FEMALE</b>

Physical Address:	
Mailing Address:	
City:	Zip:

Parent's Name:	Phone:
Parent's Name:	Phone:
Emergency Contact:	Phone:

☐ I would like to volunteer as a coach for my child's team.

I, the undersigned, understand the dangers and risks involved with participation or being a spectator with the General Recreation Athletic Programs and the possible injuries that can occur. In consideration of being permitted by the Fraser Valley Metropolitan Recreation District and Grand Slammers to either participate in or to be a spectator with the General Recreation Athletic Programs, I hereby assume all risks and release, indemnify, waive, discharge, and covenant not to sue (both myself and minor children of mine attending such activities and for my heirs, personal representatives and assign), the Fraser Valley Metropolitan Recreation District and Grand Slammers, its Board of Directors, all of their employees, officers, committee representatives and assistants from all liability to me of any loss, damage or personal injury or any such claims, on my minor children present at such activities, whether or not caused totally or partially, by the negligence of the Fraser Valley Metropolitan Recreation District and Grand Slammers or such persons while the undersigned is participating in such activities or is a spectator at such activities. The Undersigned hereby assumes full responsibility for any risk or bodily injury of property damage caused by such described participation or as a spectator. I further release all officials, supervisors, employees, and other agency personnel from any claim whatsoever, including negligence, on account of first aid treatment, or services render to me or my minor children during or after such described participation or while acting as a spectator. This general release shall apply until revoked or canceled in writing by the undersigned. **I THE UNDERSIGNED, UNDERSTAND THIS RELEASE WILL BE ON FILE FOR THE YEAR 2019/20 TO COVER ANY PARTICIPATION OR BEING A SPECTATOR WITH THE GENERAL RECREATION ATHLETIC DEPARTMENT PROGRAMS FOR THE YEAR 2019/20.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Participant or Parent/Guardian)

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE:** I, \_\_\_\_\_ Here by give permission to the Fraser Valley Metropolitan Recreation District Administration or staff to contact a doctor for medical or surgical care for treatment or care for myself or my child, \_\_\_\_\_  
Should an emergency arise, the expense of emergency medical treatment or care will be accepted and paid by me.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Participant or Parent/Guardian)

In case of serious injury or illness when neither parent/guardian nor emergency contact can be reached, will you allow you or your child to be transported to the emergency clinic by an employee of the FVMRD. YES ☐ NO ☐

**Media Waiver & Release:**

I consent to my child \_\_\_\_\_ being photographed, interviewed and/or videotaped by representatives of FVMRD media outlets (newspaper, T.V. stations, etc.). Any information or images obtained from those activities may be reproduced by the FVMRD and/or the public media for use in advertising, publicity or educational activities, including but not limited to district and school publications, videos, print and television news. I hereby waive any claims I may have, and release the FVMRD and its employees from liability of claims arising out of such activities.

\_\_\_\_\_ Yes, my child may be photographed, interviewed or videotaped for media use.

\_\_\_\_\_ No, my child may not be photographed, interviewed or videotaped for media use.

---

**FVMRD Website:**

I consent to my student's first name \_\_\_\_\_ only and/or picture appearing on the district's website.

\_\_\_\_\_ Yes, I do

\_\_\_\_\_ No, I do not

---

**Verification:**

I verify that the information provided on this form is accurate and current, and that I am the legal parent/guardian of this student.

X \_\_\_\_\_

SIGNATURE of Parent/Guardian

PRINT Name of Parent

Date

