
**CHILD’S NAME: AGE:**

WORLAND RECREATION BOYS BASKETBALL

**Return Registration forms to front office @ Community Center**

**Registration ends 1/25/2021**

**3rd, 4th, 5th & 6th Grade**

**Questions directed to the Worland Community Center Complex**

**307-347-8616**

**ADDRESS: GRADE:**

**DATE OF BIRTH:**

**FATHER’S NAME: PHONE #:**

**MOTHER’S NAME: PHONE #:**

**Please Circle Skill Level: (1) Experienced (2) Moderate (3) Beginner**

**T-SHIRT SIZE (CIRCLE ONE) YOUTH: S M L XL**

**LIST ANY MEDICAL PROBLEMS OR ALLERGIES:**

 I, the undersigned parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player’s name) recognize the possibility of physical injury associated with basketball, hereby release the Worland Recreation District, its officers, league coaches, organizers, referees and all associated personnel against ANY claim by or for the registrant as a result of the registrant’s participation in the program.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending these events and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Worland Recreation District Basketball Program may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Worland Recreation District employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at the event (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Worland Recreation District, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Worland Recreation District, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Worland Recreation District program

All Worland Recreation Sports will follow the Covid-19 guidance provided by the WHSAA.

 As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Player’s Name: Date:

Parent’s Signature:

The fee for participation in the Worland Recreation Basketball Program is $30.00 per child. If you register more than one child the fee is $25.00 per child.

**COACHES NEEDED**. Volunteer coaches required. If you are willing to coach please indicate below. If you are selected as a coach your registration fee will be refunded. If we don’t have enough coaches that means more players per team and less playing time. **Only your own** **child may be requested for your team**. The start date for games will be TBD. Please make checks payable to Worland Recreation District.