



# REGISTRATION FORM

2012 HRHS Gold Crown Feeder Program  
6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> Grade Boys Tryouts

## PLAYER INFORMATION

Grade for 2011-2012: 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> Birthday (m/d/yy): \_\_\_\_\_ Age: \_\_\_\_\_

Current School: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Were you a GC team member last year? Yes No If so, what was your jersey number? \_\_\_\_\_

## PARENT CONTACT INFORMATION

Father's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

@ \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have interest in coaching? Yes No

Mother's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

@ \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Do you have interest in coaching? Yes No

## ON-GOING WAIVER

I, the parent and/or legal guardian of the above-named child, hereby freely and voluntarily give my consent and approval for participation in any and all activities in the Highlands Ranch High School ("HRHS") Gold Crown feeder basketball program (the "Program") and further agree, individually and on behalf of my child, to the terms of this waiver, release, covenant not to sue and indemnity agreement as set forth herein below. In case of injury or illness, I give our consent to emergency transportation and the administration of any first aid, medical and/or dental treatment. I accept responsibility for the payment of any such emergency transportation and treatment expenses and any related or subsequent medical bills. I, individually and in my capacity as parent or guardian of the above-named child, assume all risks and hazards incidental to such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless and not to sue HRHS, the Program coaches, sponsors, coordinators, participants, officers, directors, employees, volunteers, agents or any other representatives of HRHS and/or the Program, from and against any and all causes of action, claims, demands, losses, expenses or liability of any nature whatsoever, in law or in equity, arising from the activities contemplated hereby. I have fully read this document, understand its meaning and the legal impact thereof and I voluntarily sign this Waiver, Release, Covenant not to sue and Indemnity Agreement.

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For GC Use Only Days of participation : Day 1 \_\_\_\_ Day 2 \_\_\_\_ Day 3 \_\_\_\_