



Silt Recreation- Sports Registration

(Please Fill In All Highlighted Areas, Only Complete Applications Are Accepted)

Player's Full Name:		Preferred Name:	
Date Of Birth:	Age:	Grade:	Gender:
Guardian's Name:		Number & Email Address:	
Guardian's Name:		Number & Email Address:	
Player's Street Address, City, State, Zip:			
Emergency Contact Name:		Emergency Contact Number:	
Player's Health (Circle One): Poor Fair Good Excellent		Date of Last Tetanus Booster:	
Doctor's Name:		Doctor's Number:	
Please List Player's Medical Conditions (Asthma, Allergies, and Others):			
Uniform Shirt Size (Circle One): Youth Small Youth Medium Youth Large		Years of Basketball Experience:	
Preferred Practice Nights (Circle One): Monday/Wednesday Tuesday/Thursday No Preference			
Please List Special Requests:			
<p style="background-color: yellow;">This program will be based on gym availability</p> <p>*All requests will be considered and accommodated to the best of our ability, but are not guaranteed*</p>			
Amount Enclosed: \$65 _____			
Payment Type: Cash Check Credit Card (If using a credit card, please fill in below, or call the Town Of Silt at 970-876-2353)			
Name On Credit Card:		Credit Card Number:	
Expiration Date:	CVC (3 Digit Code On Back):	Zip Code:	
Credit Card Authorization Signature:			Date:

PHOTOGRAPHY RELEASE

Town Of Silt will take Photos of players during practices, games, tournaments and other Town events; for use in our promotional materials (flyers, website, Facebook, as well as others). For valuable consideration received, I grant the Town Of Silt, "Photographer", and it's legal representation, the irrevocable and unrestricted right to use and publish photographs of myself, or listed minor child. This may include editorial, trade, advertising, and other purpose and in any manner and medium; and to alter and composite the same, without restriction and without my inspection or approval. I hereby release Photographer and its representatives from all claims and liability relating to said photographs.

I _____ give permission for my child _____, to be photographed and/or videotaped for display purposes in Town Of Silt related promotional materials, including the Town Of Silt website and Facebook pages. I understand that the Town Of Silt will not use my child's photograph or video for purposes, other than those outlined here, without my permission. This release is valid for one year from the date signed.

Print Player's Name

Print Guardian's Name

Signature of Guardian

Date



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM FOR THE TOWN OF SILT RECREATION

I, _____, guardian of minor child, _____, understand that the activities to which this participation registration relates, may have an element of hazard or inherent danger, and I take full responsibility for the above named minor's actions and physical condition. By my signature, hereon as a guardian of the above named minor, and on behalf of my heirs, assigns, successors-in-interest, executors and administrators, I hereby voluntarily waive, release, absolve, indemnify, and agree to hold harmless, the Town Of Silt, and its officers, chairmanships, organizers, sponsors, supervisors, coaches, participants, representatives, agents and person's transporting my child to and from activities, from any claim arising out of any damages, losses, or injuries to my child; including, but not limited to, attorney fees, legal costs, medical costs, and ambulance costs. I understand that reasonable effort will be made to contact me in the event of an accident involving my child. If I cannot be reached, I authorize the treatment and/or care of my child at an appropriate medical facility. I agree to be responsible for any costs incurred in such treatment.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGNED IT OF MY OWN FREE WILL.

Print Player's Name

Print Guardian's Name

Signature of Guardian

Date

PARENT AND PLAYER AGREEMENT

Town Of Silt is excited to offer a youth sports program. First and foremost, we would like to remind everyone that youth sports at this age and level are developmental. These programs are meant to encourage the youth in our community to stay active and have fun in a positive environment. In order to accomplish this, we all need to work together! Please help everyone succeed by doing the following:

- Show up to practices on time. All practices will be located in the Town of Silt, and will be held twice a week.
- Coaches will indicate to all participants, what time warm-ups will start before each game. Please have all players to the court/field by this time.
- All players must have proper equipment; failure to do so, will result in the player not being able to practice or play their game.
- The Town Of Silt Recreation Youth Sports are volunteer based, and are financially supported by registration fees, as well as tax payers. If you are interested in sponsoring youth sports, please contact Nicole at 970-876-2353 ext. 110

Our goal is to teach the players on our teams, all the fundamentals of the enrolled sport, as well as, how to work together to create a unified, successful team. The following are our expectations of our players, parents, as well as, coaches:

- I will show respect, and will not argue with coaches. If I have an issue that needs to be addressed, I will contact Nicole Centeno, with the Town Of Silt Rec, at 970-876-2353 ext. 110
- I will show good sportsmanship by demonstrating positive support for all players, coaches, official, and administrators at every game and practice. This will include winning without gloating, and losing without complaining.
- I will remember that the game is for the youth, not the adults.
- I will have a reasonable and realistic expectation of myself, and of my teammates.
- I will become familiar with the rules of the sport, and the objective of the youth sports program.
- I will praise my teammates, and my opponents for a well-played game, regardless of the outcome.
- I will remain calm when I or my teammates make mistakes, and will learn from them.
- I will place the emotion and physical well-being of my teammates ahead of my personal desire to win.
- I will be responsible for my actions and the impacts of my actions.

I have read the above and understand that if I or the spectators that I may bring, do not abide by these rules, I or they may lose privilege of participating in any Town Of Silt Recreation sports program.

Print Player's Name

Print Guardian's Name

Signature of Guardian

Date



COVID-19 Participation Waiver and Release of Claims

Read this document completely before signing. Its effect is to release the Town of Silt, its Employees, Volunteers and Board of Trustees from any liability resulting from participation in the activities described below, and to waive all claims for damages or losses which may arise from such activities, even if they result from negligence.

Code of Conduct

In consideration of the Town of Silt allowing children to participate in youth sports/activities, and as an express inducement therefor, the undersigned hereby state, affirm, and agree to the following:

1. Parents/Guardians understand that the coronavirus that causes the disease called COVID-19 is an emerging, rapidly evolving health risk. COVID-19 is extremely dangerous and is believed to spread mainly from person-to-person contact. Further, participating in a youth sport/activity, could increase the risk to the participating child, parent/guardian, and other family members of contracting COVID-19. Parents/guardians, understand that the child's participation in the youth sport/activity, is strictly volunteer.
2. Parent/guardian will not allow child to participate in activities, if there is a reason to believe the child has, or has been exposed to, COVID-19. Symptoms associated with COVID-19 include, but are not limited to: Fever or chills, Cough, Shortness of breath/difficulty breathing, Fatigue, Muscle or body aches, Headaches, New loss of taste or smell, Sore throat, Congestion or runny nose, Nausea or vomiting, and Diarrhea. Parent/guardian will also not allow child to participate in activities, if the child has been exposed to anyone that is suspected to, or tested positive for COVID-19.
3. Children will stay home, and not participate, in youth sports or activities, if the student has symptoms associated with COVID-19, or has been in contact with a person having or suspected of having COVID-19, within the 14 days prior to participating in the youth sport/activity, or anytime during the time the child is participating in the program. It is the responsibility of the parent/guardian to obtain a copy of the Colorado Department of Public Health and Environmental guidelines for Quarantine and Isolation, and to ensure the participating child abides by them.
4. While participating in the youth sports/activities, children will follow all applicable and best practices for personal hygiene, personal safety and public safety, as recommended by the Colorado Department of Public Health. Parents/guardians, consent to their child participating in a daily health screening, prior to participation can take place for the youth sport/activity.
5. Parents/guardians understand that the World Health Organization, the US Center for Disease Control, and the Governor of the State of Colorado, have declared a global, nationwide and statewide pandemic of the coronavirus that causes the disease called COVID-19. There is currently no vaccine or medical cure for COVID-19, that the coronavirus that causes the disease is said to be extraordinarily easy to transmit between people, and that gatherings of large numbers of people or people in close proximity to one another, are believed to be the main cause of the spread of COVID-19. Accordingly, any gathering of people, including the youth sports/activities, is inherently dangerous and unpredictable, and serious illness or even death can occur, as a result of a person's participation in such an activity.
6. Parents/guardians understand and agree that the child's participation in the youth sports/activities, shall be at the parents/guardian's sole risk, and that, while the Town of Silt seeks to do what is reasonable, to ensure that participants are safe and protected, the Town of Silt cannot guarantee the participants safety, and the Town of Silt expressly disclaims any representation or undertaking that the youth sport/activity, is safe for the participant.

Initial: _____



The Town of Silt, further disclaims any and all liability or responsibility for any illness or infection, including, but not limited to COVID-19, that many occur from or in connection with the Town of Silt’s Youth Sports Program or activities.

- 7. By signing this agreement, parents/guardians acknowledge the contagious nature of COVID-19, and voluntarily assume the risk that participants, parents/guardians, and other family members may be exposed to, or infected by COVID-19, by attending the youth sports/activities, offered by the Town of Silt. Parents/guardians, acknowledge that such exposure or infection, may result in personal injury, illness, permanent disability and death. Parents/guardians, understand, that the risk of becoming exposed to or infected by COVID-19, at a youth sporting event/activity, may result from the actions, omissions, or negligence of a Town employee, volunteer, and program participants and their families. Parents/guardians expressly agree to assume all of the foregoing risks, and understand the Town of Silt has relied upon this assumption of risk in permitting the participant to participate in the youth sport/activity.

Waiver and Release of Claims

Parents/guardians, on behalf of themselves and their child, hereby waive any and all claims and demands for relief, whether past or future and regardless of the legal or factual bases thereof, that could be asserted in any forum or manner whatsoever, based upon, related to, or concerning their child’s participation in the sport/activity expressly including but not limited to any claim arising from infection, illness, or death to persons or any economic damages, including those claims based on any alleged or actual negligence, any breach of any express or implied statutory or other duty of care, or mistakes or errors in judgment of any kind, and expressly release, discharge, indemnify and hold harmless the Town of Silt, it’s employees, volunteers, board of trustees, agents, and insurance carriers from and against any and all such claims and demands regardless of when or by whom asserted.

Parents/guardians understand and agree that this waiver and release includes and claims based on the actions, omissions, or negligence of the Town of Silt, it’s employees, volunteers, agents, representatives and board members, whether a COVID-19 infection occurs before, during, or after participation in and sports/activities, including practices, games and scheduled programing.

By our signatures hereon, I/We affirm that I/We have read and fully understand the terms, conditions, releases, waivers and assumptions above set forth.

Parent/Guardian Signature: _____ Date: _____

Printed Parent/Guardian Name: _____

Parent/Guardian Address: _____ Phone Number: _____



RE-2 School District Gym Usage Requirements

In order for the Silt Youth Sports Program to utilize gym space in the RE-2 School District facilities, the Town had to enter into an agreement with the CDPHE to follow all the same requirements that were recommended by the American Pediatric Association and implemented by CHSAA.

The protocols and safety measures that our program will follow are consistent with district sports as well as other programs within the district buildings.

Please read through the requirements and sign, acknowledging that you understand and will adhere to all regulations, including but not limited to the list below.

1. All spectators, participants, coaches, refs and volunteers will be required to wear a mask at all times. There is no exception to this rule, including, health conditions or doctor's note stating otherwise. If you are unable to wear a mask for any reason, you are NOT allowed to attend or participate in practices or games.
2. The gyms, shared equipment and high touch services will be sanitized before and after games per the protocol of RE-2 School District.
3. Spectators will NOT be allowed to attend practices, and will be limited to the current state/county restrictions for games.
4. Coaches, Refs, Spectators, Volunteers and Participants will all be screened for COVID before entering into any gym space. This will consist of a combination of self-check temperatures and screening questions.
5. During games, spectators will be socially distanced and teams will be on opposite sides of the gym.
6. There will be no physical contact between the teams, outside of play, during games. This includes no shaking hands or high fives; however, teams will be highly encouraged to line up at the free throw line closet to their bench to clap for the other team in a good sportsmanship gesture.
7. Congregating is NOT allowed in the building, as soon as the game is complete, please exit the building immediately.

I have read through all the requirements set forth for this program, and understand that they are mandatory protocols. I acknowledge that my child's participation in this program is optional. By signing below, I am voluntarily agreeing to follow all safety protocols set forth, and comprehend that failure to do so will result in mine or my child's removal from the program. I know there are no exceptions to these safety protocols, and will follow them as outlined.

Parent/Guardian Signature: _____ Date: _____

Printed Parent/Guardian Name: _____ Phone Number: _____