



Silt Sports Registration- Lil' Dribblers Basketball

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

Player's Full Name:		Preferred Name:	
Date Of Birth:	Grade Level: Kinder 1 st 2 nd	Gender:	
Guardian's Name:		Phone Number:	
Email Address:		Alternative Phone Number:	
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):			
Amount Enclosed: \$40			
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 its 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



Application Affirmation Waiver

I hereby certify, under penalty of perjury, that the information provided on this document is true and accurate. I understand that I am subject to removal from the program, in the event that the information is found to be falsified.

Printed Parent/Guardian Name: _____

Parent/Guardian Address: _____ Phone Number: _____