

**City of Sidney Recreation Programs
Administered by the Cheyenne County Community Center
Registration Form**

Cost \$25

First Name: _____ **Last Name:** _____

Date of Birth: _____ **Age** _____ **Sex** _____

Telephone :(____) _____ **Grade Level** _____ **School** _____

Address: Street: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contacts

Contact 1: _____ **Telephone:** (____) _____ **Relationship** _____

Contact 1: _____ **Telephone:** (____) _____ **Relationship** _____

Shirt Size- **YM** **YL** **AS** **AM** **AL** **AXL**
 (6-8) **(10-12)**

Who should the coach contact concerning practices and games: _____

Phone#: _____ **(h)** _____ **(w)** _____

VOLUNTEERS ARE NEEDED. PLEASE INDICATE HOW YOU MIGHT HELP

COACH _____ **ASST COACH** _____ **REFEREE** _____

Parent's Signature: _____ **Date:** _____

I give permission for my child to participate in Basketball, and release The Center etc. for any injuries, which my child might suffer in connection with this program. I also understand that there will be no medical insurance provided by The Center. The Cheyenne County Community Center will not deny participation due to lack of funds. Please contact The Center director for more information.

Office Use Only:
Amount paid by: Check _____ Check # _____ Cash _____ Paid Date: _____