

Cardinal Flight Girls Basketball Registration

2009-2010 Season

Player Name _____ Date _____
(print neatly)

Address _____ Work Assessment _____

Grade (Fall 2009) _____ School _____ Amount Paid _____

Jersey Size (circle one) YS YM YL YXL AS AM AL AXL Check # _____

Parent/Guardian Name(s) _____
(print neatly)

Telephone Number(s) _____

E-mail Addresses _____

Fees: \$15 per 3rd grader, \$25 per 4th grader; \$60 per 5th – 8th grader

Please review the following. All signatures are required upon registration.

I hereby authorize the directors of Cardinal Flight to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release the coaches and Cardinal Flight of all liability for illness and injury. I will inform coaches of any special medical needs for my daughter. My daughter is covered by our family health insurance, she is in good health, and is able to participate in the physical activity of a vigorous program.

Parent/Guardian Signature(s) _____

I am willing to volunteer my time in the capacity of:

Coach _____ Team Parent _____ Board of Directors _____ Concessions _____

Tournament Director _____ Other (please specify) _____

In lieu of volunteering, I have paid the work assessment fee of \$100 per child _____

Parent/Guardian Signature(s) _____

It is understood that Cardinal Flight will not be responsible for lost or stolen articles.

******* Home Tournament Parent Requirements *******

Applies only to 5th through 8th grade

Parents, or a substitute, are required to volunteer a minimum of four hours per event at all two-day tournaments, your own child's home tournament(s), and one other team's home tournament per child. If you cannot participate, a \$100 per child work assessment fee can be paid at the time of registration or will be billed to the parents at the end of the season.

A representative from each team, whether it be a coach or parent, is expected to attend board meetings held the first Sunday of every month.

I have read and understand the Cardinal Flight Policy Summary Sheet and will abide by the statements outlined therein. I will support the by-laws and policies of Cardinal Flight. I understand that I may request a copy of the by-laws from any Cardinal Flight Board member.

Parent/Guardian Signature(s) _____