



City of Lakes Girls Basketball Association

3829 Pillsbury Avenue South
Minneapolis, MN 55409

2009 -2010 Traveling Registration

Player Information

Last Name	First	Mid Initial	10 digit phone
Street		City	ZIP
Date of Birth / /	School Grade	School	
Player Health: Does your child/ward have any existing medical condition and/or physical limitations that require special medical attention or player management by a coach?			Yes _____ No _____ If yes, please explain on the backside

Parent/Guardian Information

Parent/Guardian Name (1)	Phone [if different from player's]
Address [if different from player's]	E-mail
Parent/Guardian Name (2)	Phone [if different from player's]
Address [if different from player's]	E-mail

Participation Consent & Release/Waiver of Liability: My child/ward has my permission to participate in the City of Lakes Girls Basketball Association (COLGBA) traveling basketball activities available to registrants for the 2008-2009 season. I understand that by signing this form I hereby discharge, release, and/or otherwise indemnify COLGBA, the coaches, affiliated organizations, and other associated personnel and volunteers against any claim on behalf of my child/ward as a result of my child/ward's attending and/or participating in COLGBA activities. I represent my child/ward is medically fit to participate in rigorous physical activity. In case of emergency, I authorize COLGBA to secure medical treatment. I understand COLGBA does not provide medical insurance. I consent to the use of my child/ward's photograph and/or likeness for promotional purposes.

Uniform Agreement: COLGBA provides a uniform for the season. If the uniform is not returned, I agree to pay the replacement fee of \$70.00.

Parent/Guardian Signature: _____ **Date:** ____/____/____

Relationship to player: _____

Player Participation Fee

Description	2009-2010 Traveling Basketball
Details	<ul style="list-style-type: none">o Free TRYOUTo Uniform for the seasono Practice facilitieso Team assignmento Participation @ 25 gameso Youth basketball accident insurance
Deadline	Team uniform will not be provided without payment or approved arrangement to pay.
Fee	\$195.00

AMOUNT ENCLOSED: _____

Please make checks payable to:

COLGBA

Submit check and form to:

COLGBA Administrator

3829 Pillsbury Ave So

Minneapolis, MN 55409

For refunds please contact the Treasurer at: info@colbasketball.org

Volunteer:

Yes, I will volunteer [X] to help as:

Team Manager:

Team Coach:

Team Assistant Coach:

I am interested in joining the Executive Board:

Other:

Name: _____ Telephone: _____