



# CROSSOVER BASKETBALL

FOR STUDENTS GRADES 6-8

## REGISTRATION AND EVALUATION

**Monday, January 14, 2019**

4:00-8:00 p.m. at River City Christian

10933 Progress Court, Rancho Cordova, CA 95670

**Must bring completed registration form and \$70 enrollment fee.** Enrollment fee must be paid at the time of registration. Cash or check (payable to River City Christian) accepted. No refunds.

Each player **MUST** be evaluated or they will lose their spot!

## GENERAL INFO

The middle school Crossover season is January 28-March 11.

Games are Mondays, 6:00-10:00 p.m. at River City Christian.

Contact Patricia Miguel at 916.861.2240 with questions.

### PAID REGISTRATION INCLUDES:

- Use of NBA style uniforms
- Official league t-shirt
- Special events
- Fundamental skills training/weekly practices
- Awards banquet



## CROSSOVER YOUTH BASKETBALL LEAGUE 2019 REGISTRATION FORM (please print clearly)

Name: \_\_\_\_\_

School: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Height: \_\_\_\_\_ Grade: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_ Student Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Please read informed consent and release authorization:

I, the parent/guardian of the child whose name appears above, authorize my child to participate in the program listed above. I agree to indemnify and hold harmless River City Christian, and all of its employees and volunteers, the Crossover Basketball staff and Folsom Cordova USD and all of their employees, students and volunteers from and against any and all liability for injury or damages which may result from his/her participation in the above mentioned league and the associated activities. I also agree that the coaching staff may act as best fits the situation in case of an emergency if efforts to contact myself or other emergency contacts fail.

By having my child register for Crossover Basketball, I hereby give permission for his or her photo to be used for promotional and social network publication. I understand that my child's identification will not be published.

**My signature below affirms that I have read and understand this release form.**

Parent/guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cash  Check # \_\_\_\_\_