



CHECKLIST

- COPY OF BIRTH CERTIFICATE (IF THERE IS NOT ONE ON FILE)
 - ON FILE
- REPORT CARD CURRENT GRADE (NO PROGRESS REPORT PLEASE)
- PICTURE (WALLET SIZE)
- EMERGENCY CONTACT INFORMATION
- INSURANCE INFORMATION
 - YES
 - NO

SIGNATURES

- AAU APPLICATION (PLAYER AND PARENT)
- MEDICAL RELEASE
- PARENTAL AUTHORIZATION
- REFUND OF REGISTRATION FEE
- RELEASE OF PICTURES/AUDIOVISUALS
- TEAM OWNED EQUIPMENT
- HANDBOOK RECEIPT FORM



Copperas Cove Crusaders
P.O. BOX 1345
Copperas Cove, Texas 76522
covecrusaders@hotmail.com
www.leaguelineup.com/covecrusaders

Thank you for your interest in the Copperas Cove Crusaders and our upcoming program for 2009. We are a community-oriented basketball organization sanctioned by the Amateur Athletic Union. Our mission is "To assist in the positive development of the young men and women of Copperas Cove by providing mentoring, academic enrichment, and a quality competitive basketball program."

Unlike the Copperas Cove Parks and Recreation Program, the Copperas Cove Crusaders is a team-oriented, competitive level program where the objective is to win and advance to the next level of competition. Players are not promised playing time as their skills, abilities, and motivation will be determining factors of their level of participation.

The registration fee is \$250.00 per player in our Junior Division (Grades 6 through 8) and \$350.00 for each player in our Senior Division (Grades 9-12). For each additional player from the same household, their registration fee will be reduced by \$50.00. One-half of the registration fees are due at registration. The other half is due within 30 days. We realize there might be some financial hardship on some families with multiple players. Parents, please feel free to address this matter to the Dir, Business Operations Inez Faison. We want to provide each child, who wants to play, the opportunity to play and will address issues on a case-by-case basis.

Complete the following documents in the registration packet:

- AAU Player Registration Form
- Copperas Cove Crusader Registration Form
- Parental Release/Authorization Form

Attach legible **copies** of the following documents:

- Players birth certificate (if copy is not on file from previous year)
- Last report card for the current school year
- Picture (wallet size)

Make checks in the proper amount payable to the Copperas Cove Crusaders.

Thank you,
Copperas Cove Crusaders



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PLAYER REGISTRATION FORM

Players Last Name				First Name		MI	
Address				City		State	Zip
Sex	Age	Birthdate		Grade	School		
Home Phone			Second Phone		Email		
Father's Last Name				First Name		MI	
Home Phone			Second Phone		Email		
Address				City		State	Zip
Mother's Name				First Name		MI	
Home Phone			Second Phone		Email		
Address				City		State	Zip
Emergency Contact Last Name			First Name		Relationship		
Home Phone			Work Phone		Cell Phone		
Address				City		State	Zip
Hospital			Name of Doctor			Phone Number	
Do you have insurance Yes No		Insurance Company			Policy Number		

FOR OFFICE USE ONLY	
Registration Fees: Amount: <input type="text"/> Check: <input type="text"/> Cash: <input type="text"/> AAU No: <input type="text"/> Team: <input type="text"/>	Height:
	Weight
	UNIFORM SIZES
	Jersey:
	Shorts:
	Shoes:
	Warm-up Top:
	Warm-up Pants
	UNIFORM NUMBERS
	Dark (Away):
	Light (Home):



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PARENTAL RELEASE/AUTHORIZATION FORM

Player Name _____ Gender: M__ F__ Grade _____ Age _____

Date of Birth (MM/DD/YY) _____ Home Phone _____

Parent/Guardian Names _____ email: _____

Players Home Address _____

Name of Emergency Contact _____ Phone # _____

Physician _____ Phone # _____

The following are special circumstances/medical situations regarding my child:

MEDICAL RELEASE: I, _____, the parent/guardian of _____, authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. In addition, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by his/her regular physician (or when that physician cannot be reached, by a licensed physician or hospital) when deemed immediately necessary or advisable by the physician, to safeguard my child's health, when I cannot be reached. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right to consent to such treatment and /or transportation and agree to pay the cost of such emergency care and/or transportation. I release and agree to hold the Copperas Cove Crusaders, its agents, employees, officers, coaches, leaders, organizers, and sponsors harmless for any liability resulting from such emergency treatment and/or transportation.

Signature of Parent/Guardian _____ Date _____

PARENTAL AUTHORIZATION: I, _____, the parent/guardian of _____, give permission for my child to participate in any activities sponsored by the Copperas Cove Crusaders. In consideration of the opportunity for my child to participate, and fully recognizing that such an undertaking involves an element of risk, I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Copperas Cove Crusaders, its agents, employees, officers, coaches, leaders, organizers, sponsors and persons transporting the athlete to and/or from activities. Neither the Copperas Cove Crusaders, nor any of said persons, shall be financially responsible for any injury, illness or death incurred as a direct or indirect result of this activity. I, the undersigned, have read this release and understand all of its terms and execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Guardian _____ Date _____

REFUND OF REGISTRATION FEE: I, _____, the parent/guardian of _____, understand that one-half of the registration fees are due at registration and the other half is due within 30 days. I also understand that should we decline to continue to participate/attend Crusader Basketball activities, registration fees will not be refunded, and I will settle any unpaid debts which may have been incurred on our (family and participants) behalf.

Signature of _____
Parent/Guardian _____ Date _____

RELEASE OF PICTURES/AUDIOVISUALS: I, _____, the parent/guardian of _____, will ___ will not ___ allow photographs, pictures, any other likeness or voice of my child to appear or be heard in any official documentary, promotional (including any and all advertisements), television, radio or film coverage, or internet posting of the Copperas Cove Crusaders.

Note: No pictures of a foster child will be posted the internet. Annotate Will Not on this form.

Signature of _____
Parent/Guardian _____ Date _____

TEAM OWNED EQUIPMENT: I, _____, the parent/guardian of _____, understand that I will be required to sign for certain items of club-owned equipment, specifically, basketball uniforms. I understand these items belong to the organization and will be returned when requested. If I fail to return these items, I understand I will be held liable for replacement costs and the organization will use all means to collect this debt.

Signature of _____
Parent/Guardian _____ Date _____