

**Come shoot some hoops
and learn new skills!**

Dates: Saturday Mornings,
January 21 - February 25

Location: Red Sandstone Elementary
School Gymnasium

Cost: \$50

Register by: January 10th, 2006

For: Boys and Girls,
Grades 1 - 6

Each session will consist of a 45 minute
practice followed by a game.

VRD HIGH COUNTRY HOOPS



2006

Sponsored by:



VAIL RECREATION
DISTRICT



VRD SPORTS • 700 South Frontage Road East • Vail, CO 81657 • 479-2280 • Fax 479-2281 • www.vailrec.com

..... **REGISTRATION FORM • FAX TO 479-2197**

Child's Name _____ M F Date of Birth _____
 School _____ Grade _____
 Mailing Address _____ City, State, Zip _____

Resident of Vail Minturn Red Cliff Eagle-Vail Avon Beaver Creek Singletree Other Eagle City

Mother's Name _____ Father's Name _____
 Mother's Home Phone _____ Father's Home Phone _____
 Mother's Work Phone _____ Father's Work Phone _____
 Mother's Email _____ Father's Email _____

Emergency Contact _____ Home Phone _____
 Work Phone _____ Cell Phone _____

T-Shirt Size Youth Small Medium Large OR Adult Small Medium Large
Are you interested in coaching? Yes No **Are you interested in sponsoring a team (\$100)?** Yes No
(Coaches kids play for free!) *(Your logo will be on the t-shirts!)*

Agreement to Waive Legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity, I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Park and Recreation District and/or the Town of Vail. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advise of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature _____ Print Name _____ Date _____

PAYMENT: Amount Received: \$ _____ Cash Check # _____
 Charge # _____ Exp. _____ Cardholder _____