

2025 CPRD

K-1 GRADE UTAH JAZZ YOUTH BASKETBALL CAMP

Player/Parent Registration Form:

(Please Print)

NAME OF PLAYER _____ MALE _____ FEMALE _____

BIRTHDATE: _____ AGE _____ GRADE _____

NAME OF PARENT OF GUARDIAN (print) _____

P.O. BOX _____ CITY _____ ZIP _____

HOME TELEPHONE _____ WORK TELEPHONE _____

EMAIL ADDRESS _____

IN EMERGENCY NOTIFY _____ TELEPHONE _____

Does the above child have any health problems: _____ YES _____ NO

If yes please explain: _____

Special requests will be considered but not guaranteed.

**Your CHILD plays for FREE if you coach!!
FIRST CAMPS WILL START THE WEEK OF JANUARY 20TH**

I would like to help by: COACHING _____ Phone # _____

ASSISTANT COACH _____ Phone # _____

All volunteers will be subject to a National Criminal/sex offender's background check.

I hereby certify that _____ is in normal health and capable of participating safely in the Utah Jazz Youth Basketball program. By signing this document you may be waiving your legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity or for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

I hereby authorize the Directors of the Utah Jazz Youth Basketball Program to act in my behalf in accordance with their best judgment in case of an emergency.

I understand the goals & objectives of the Utah Jazz Youth Basketball Program, which are based on fun, fair play, skill development and teamwork.

Parent's or Guardian's Signature: _____

I give CPRD permission to use my child's photograph in promotional displays (initial): _____

REGISTRATIONS DUE BY: JANUARY 17TH

**COST: \$25 JERSEY INCLUDED
\$10 NO JERSEY**

OFFICE USE ONLY

