



PLAYERS:
Girls & Boys
1st through 5th grade

ENROLLMENT:
24 children per session

COST:
\$80
(coaches' kids play free)

LOCATION:
Homestake Peak School
auxiliary gymnasium

HOW TO REGISTER:
Send form below OR
online at vailrec.com/register

**REGISTER BY MARCH 4
CAPACITY IS LIMITED!**

VAIL REC DISTRICT

HIGH COUNTRY HOOPS

<p>2024 SCHEDULE</p> <p>Sessions are limited to 30 participants</p> <p>1st & 2nd Grade</p> <ul style="list-style-type: none"> • Mondays, March 11-April 15 • 4 to 5:15 p.m. <p>3rd, 4th & 5th Grade</p> <ul style="list-style-type: none"> • Wednesdays, March 13-April 17 • 4 to 5:30 p.m. 	<p>PROGRAM EMPHASIZES SKILL DEVELOPMENT AND TEAM PLAY THROUGH DRILLS AND CONTROLLED SCRIMMAGES</p>
--	---

Signing up for: 1st-2nd grade 3rd-5th grade

Any physical conditions or allergies the coach should know about?

Guardian #1 Name _____

Guardian #1 Phone Home _____ Cell/Work Phone _____

Guardian #1 Email _____

Guardian #2 Name _____

Guardian #2 Phone Home _____ Cell/Work Phone _____

Guardian #2 Email _____

Emergency Contact _____

Home Phone _____ Cell/Work Phone _____

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 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 agree to waive and release the Vail Recreation District and their officers, employees, agents, servants, and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property during said activities. In the event of injury, I authorize District personnel to contact emergency medical services and further consent to any emergency x-ray, examination, medical diagnosis or treatment and hospital care, including ambulance transport, which may be provided to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. I understand that I am fully responsible for any charges which may result from such services and further agree to indemnify the District, its employees and agents, from any claim, demand, suit or liability related to my or my child's transport, care or treatment, or from any charges related thereto. 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 # _____

Expires _____ Security Code _____

Cardholder _____

Billing Zip Code _____

To register, go to vailrec.com OR fill out this form and mail, fax or email with payment to: **VRD SPORTS** 700 South Frontage Road East, Vail, CO 81657 Fax: 970-479-2281 | Email: sports@vailrec.com

Cancellations must be received one week prior to program start in order to be eligible for a refund (minus a \$10 processing fee)

Child's Name _____

Male Female Date of Birth _____

Mailing Address _____

City, State, Zip _____

School _____ Grade _____

T-Shirt Size: YOUTH: Small Medium Large

ADULT: Small Medium Large

Are you interested in coaching? Coaches' kids play for free! Yes No

Are you interested in sponsoring a team (\$100)? Yes No

