



BASKETBALL & FUTSAL REGISTRATION FORM

★ Register by November 30, 2009 ★

THREE WAYS TO REGISTER:

1. fax this form to 970-479-2281
2. online at www.vailrec.com
3. mail this form to VRD SPORTS
700 South Frontage Road East
Vail, Colorado 81657



Location Old Battle Mountain High School
Cost \$45 per player (coach's children play for free)

Grades 1-2
4:30 - 6 p.m. Tuesdays Dec. 8, 2009 - Feb. 2, 2010

Grades 3-4
4:30 - 6 p.m. Thursdays Dec. 10, 2009 - Feb. 4, 2010

Grades 5-6
4:30 - 6 p.m. Tuesdays & Thursdays Feb. 15 - March 16

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

Turning soccer inside out": Short for futbol sala—loosely translated as indoor soccer—futsal is a teaching tool that develops players' technical and tactical abilities by forcing them to maneuver and make decisions in confined space.

Location Old Battle Mountain High School
Cost \$45 per player (coach's children play for free)

Grades 1-2
4:15 - 6:15 p.m. Mondays Dec. 7, 2009 - Feb. 1, 2010

Co-ed Teams • Limit 80 kids • Subject to change based on enrollment numbers.

Grades 3-5
4:15 - 6:15 p.m. Wednesdays Dec. 9, 2009 - Feb. 3, 2010

Single Sex Teams • Limit 40 Boys and 40 Girls • Subject to change based on enrollment numbers.

Each session will consist of a 4-12 minute quarter game.

★ CHECK THE BOXES ABOVE NEXT TO THE SESSIONS YOU ARE SIGNING UP FOR ★

Child's Name _____ M _____ F _____ Date of Birth _____

School _____ Grade _____

Mailing Address _____ City, State, Zip _____

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 _____



VRD SPORTS
970-479-2280 • Fax 970-479-2281
www.vailrec.com

★ **Winter Break** ★
There will be no sessions during the winter holiday break, Dec. 21 - 31, 2009. There will be drop-in nights, which will be announced prior to the break.