



CKBL/CKFPL TEAM REGISTRATION & WAIVER FORM

CONTACT TRACING SPECIAL STATEMENT: Depending on the level of community spread, local and state public health departments may need to implement mitigation strategies for public health functions to identify cases and conduct contact tracing. CKBL & CKFPL roster forms will clearly outline the purpose and importance of the document. The roster form will be provided to each team manager to list all players and coaches names and contact information to include phone number, mailing address, and email address. The roster form will require participants under the age of 18 to include parent contact information, or adult equivalent. At least two contacts should be provided for each youth participant.

This roster form will be available at registration and/or will be sent out electronically to all team managers prior to any team function. A completed and submitted roster form will be required before participation in the CKBL & CKFPL. Once completed, the form will be returned and kept with the agency. If a possible COVID-19 case is reported from any participant or spectator, the agency will notify the local health department to provide details and seek direction. Once directed by the health department, all individuals/families on the roster form will be notified that they may have been exposed to COVID-19. The hosting agency will provide each individual/family guidance provided by the local health department.

RELEASE: I understand that injuries are a natural part of many recreation activities. In consideration of the permission granted, by Hutch Rec, to participate in above activity, I release Hutch Rec, its agents and employees from all actions, causes of action, damages, claims, or demands which I, my heirs, executors, administrators, or assigns may have against it an other above-described parties, for all personal injuries known or unknown which has or may incur by participating in the above-described activity.

The risk to have contact with individuals, who have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease.

MODEL RELEASE: The undersigned and participant authorize Hutch Rec to use at its discretion any photograph(s) and/or video(s) taken of the participant while participating in any activity and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photograph(s) and/or video(s) or reproductions thereof.

MEDICAL RELEASE: In case of a medical emergency and I cannot be contacted, I give my permission for a Hutch Rec representative to act in my place and to make medical decisions concerning emergency treatment for the participant.

CONDUCT: The undersigned and participant agree to abide by all policies and guidelines set forth by Hutch Rec regarding this program and violations could result in being expelled from activity with no refund. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with full knowledge of its significance.



Coach & Assistant Coach Information:

NOTE: A completed and submitted roster form will be required before participation in the CKBL & CKFPL.

Head Coach Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____
(city, state, zip)

Sign: _____ Date: _____

Assistant Coach Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____
(city, state, zip)

Sign: _____ Date: _____

Assistant Coach Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____
(city, state, zip)

Sign: _____ Date: _____

Assistant Coach Name: _____

Phone: _____ E-mail: _____

Mailing Address: _____
(city, state, zip)

Sign: _____ Date: _____



Team Information:

NOTE: Each player must have completed contact information from 2 parents/guardians

1. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

2. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

3. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____



Team Information:

NOTE: Each player must have completed contact information from 2 parents/guardians

4. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____
Sign: _____ (city, state, zip) Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____
Sign: _____ (city, state, zip) Date: _____

5. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____
Sign: _____ (city, state, zip) Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____
Sign: _____ (city, state, zip) Date: _____

6. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____
Sign: _____ (city, state, zip) Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____
Sign: _____ (city, state, zip) Date: _____



Team Information:

NOTE: Each player must have completed contact information from 2 parents/guardians

7. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

8. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

9. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____



Team Information:

NOTE: Each player must have completed contact information from 2 parents/guardians

10. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

11. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

12. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____



Team Information:

NOTE: Each player must have completed contact information from 2 parents/guardians

13. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

14. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____

15. Player Name: _____
#1 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____
#2 Parent/Guardian Contact Name: _____
Phone: _____ E-mail: _____
Mailing Address: _____ (city, state, zip)
Sign: _____ Date: _____