



Corning Rotary/Corning High School Basketball Youth Basketball League

The Corning Rotary/Recreation Youth Basketball League is open to boys and girls ages 6-13. It will be a coed league with two divisions. One division will be ages 6-9 and the other division will be ages 10-13. The league will start on Saturday, February 3, 2018 at Corning Union High School and will continue every Saturday through February 24, 2018. On February 3, 6-9 year olds will need to be there from 9:00-10:30am and 10-13 year olds will need to be there from 10:30-12:00am. The first Saturday will consist of working on skills and every Saturday after that will be game play. The cost is \$20 for the first child and \$10 for each additional child. Fill out the registration form on the back and turn into City Hall at 794 Third Street in Corning along with the money by **February 2nd, 2018**.

****You can register the day of February 3rd at the high school. Any questions, contact Kol Zuppan at 228-2766 or kzuppan@corninghs.org**





Corning Recreation Department Youth Registration

Program: **2018 Youth Basketball**

Name _____ Age _____ M / F

School _____ Grade _____

Parent/Guardian _____

Address _____

Phone: Home _____ Cell _____

Email _____ @ _____

Players T-Shirt Size **(Please Circle One)** Youth: S M L Adult: S M L

CHILD'S EMERGENCY INFORMATION/RELEASE OF LIABILITY

Any Allergies _____

Special Instructions _____

Emergency Contact Person _____

Emergency Contact Person Telephone _____

I, the undersigned understand that the City of Corning, Corning Union High School District, Corning Elementary School District or other program sponsors do not provide medical insurance for any accident or injuries that might result from participation in the city's recreation program. I personally assume liability for any injuries that might occur to my child during this trip/activity. Authorization to consent to emergency treatment of minor (I)/(We), the undersigned parent(s) of _____, a minor do hereby authorize the City of Corning and/or Corning Union High School and Corning Elementary District as agent(s) for the undersigned in our absence, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment; hospital care which is deemed advisable by and is rendered to under the general or special supervision and upon the advice of any physician and surgeon licensed under the MEDICAL ACT, whether such diagnosis or treatment rendered at the office of said physician or at any licensed medical facility. It is understood this authorization is given in advance of specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent in any medical emergency to any and all diagnosis, treatment or hospital care which forementioned physician in the exercise of best judgment may deem advisable. The authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

This authorization shall remain in effect until revoked in writing and delivered to said agent(s).

Signature _____ Date _____

Registration can be mailed/payable to: Corning City Hall, 794 Third St., Corning, CA 96021.
For more information call Corning City Hall, 824-7029