

Basketball Skills Challenge Registration Form

- Produced by the Denver Nuggets and the Colorado Parks and Recreation Association.
- For boys and girls ages 6 to 13 to test skills in dribbling, passing and shooting.
- Local competitions are conducted with the top boy and girl finishers in each age group advancing to a sectional competition.
- The top sectional boy and girl finisher in each group advances to the state championship to prior to a Denver Nuggets Basketball game.
- Free to participate! Winners of a local competition must provide a copy of their birth certificate or religious document along with the entry form to advance.

Entry Form & Liability Waiver

Denver Nuggets Skills Challenge



Name: _____ Male _____ Female _____

Address: _____

City, State, Zip: _____

Birth Date: _____ Age (as of 4/30/2017) _____

Phone Home: _____ Cell: _____ Email: _____

I do hereby waive, relinquish, release, discharge and hold harmless from any and all liability for any physical or mental injury or aggravation of any pre-existing illness or handicap, death, loss or enjoyment or any other harm or loss of any nature whatsoever which may be sustained by me or my son/daughter in travel, participating in, and returning from the Basketball Skills Challenge Competition, the Colorado Parks and Recreation Association, the NBA entities, and the Denver Nuggets and their representatives, agents, volunteers and employees.

I, parent and/or guardian of the above-named participant, in consideration of the acceptance of this entry, hereby join and confirm the above waiver and release. Also, I certify that my son/daughter has listed his/her correct birth date and that he/she does not have any physical and/or mental deficiencies that may be aggravated, or in any way endanger him/her by traveling to, participating in, and returning from the competition. Participation constitutes permission to use competitor's name and likeness for promotional purposes without consent.

In addition, I certify that my son/daughter has not participated in any other 2017 Basketball Skills Challenge competitions and will abide by all rules and regulations to the competition and acknowledge that any violation of the previous statement can result in the immediate disqualifications of my son/daughter from the competition.

Parent or Legal Guardian Signature

Date



PROGRAM REGISTRATION FORM

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY.

Does the participant live within the Town limits of Buena Vista? Yes No

Would you like to be added to our email distribution list to receive program changes and future programming information? Yes. My email address is: _____
 No, Thank You.

PARTICIPANT INFORMATION:

NAME OF PARTICIPANT: _____
 DATE OF BIRTH: _____ AGE: _____ SEX: M F
 MOBILE PHONE NUMBER: _____
 MAILING ADDRESS: _____
 CITY/STATE/ZIP CODE: _____
 DESCRIPTION OF SPECIAL NEEDS, IF ANY: _____
 WOULD YOU LIKE TO DONATE TO THE BV REC SCHOLARSHIP FUND? Yes - Amount \$ _____ No

SHIRT SIZE:

- ADULT SM
- ADULT MED
- ADULT LG
- ADULT XL
- YOUTH SM
- YOUTH MED
- YOUTH LG
- YOUTH XL

not all programs include a shirt

EMERGENCY CONTACT INFORMATION:

NAME: _____
 MOBILE PHONE NUMBER: _____ HOME/WORK PHONE NUMBER: _____

PROGRAM INFORMATION:

| PROGRAM TITLE: | DATE/TIME: | FEE: | PAID: |
|----------------|------------|------|---|
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check #: |
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check #: |
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check #: |
| | | | <input type="checkbox"/> Cash <input type="checkbox"/> Check #: |

THIS IS A RELEASE OF LIABILITY– PLEASE READ CAREFULLY BEFORE SIGNING

In consideration for allowing me to participate in the Town of Buena Vista Recreational Programs, I, the undersigned, voluntarily agree to indemnify and hold harmless the Town of Buena Vista, Colorado, its officers, employees, agents, consultants, subcontractors, insurers and representatives (collectively the "Town"), for any loss, damage or injury to myself or my property in any way related to my participation in Town recreation programs. I further agree to release, waive, and discharge the Town from, and covenant not to sue the Town for, any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred to me or my property in any way related to my participation in Town programs. This release of liability applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Town or any third party (for example and not by way of limitations falls, contact with other participants, injuries relating to equipment or the condition of the facilities). This release of liability applies to me, the undersigned, as well as any of my children, personal representatives, assigns, heirs, and next of kin. I authorize the Town in a medical emergency to seek emergency medical assistance at my expense. I give permission and consent to the Town to use any photographs, videotape, or other media record of my participation in the Town programs for any lawful purpose, without compensation to me or on my behalf.

I HAVE READ THE ABOVE WAIVER AND RELEASE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN THIS WAIVER AND RELEASE VOLUNTARILY.

PRINT PARTICIPANT NAME

PARTICIPANT SIGNATURE (IF MINOR, PARENT/GUARDIAN SIGNATURE)

DATE