

PLAYER and COACH REGISTRATION FORM

SCHOOL NAME: TEAM NAME:

FEES	AMOUNT	DUE
Registration – Player CBHSVA purchases insurance for each player and coach.	\$12 / player Non-refundable	2/26/16
	11011 10141144516	

IMPORTANT: Only team members and coaches listed on this form are covered by CBHSVA insurance; please submit roster changes throughout the season to CBHSVA following directions below.					
NAME of coach and/or athlete	GRADE	ADDRESS	PHONE	EMAIL	

Make checks payable to CBHSVA.

Mail check and this completed form to: CBHSVA Attn: Scott Cull, Treasurer 4775 W. Moorhead Circle Boulder, CO 80305 720.284.9667

trailrunnersc@hotmail.com

Medical Release and Name (please print):	CBHSVA Code of Conduct Form is on file.
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Signature:	Date:

