



### Player Registration

Due Date: March 7, 2010 (Please update this form as players are added or removed.)  
Amount: \$12.00 /player  
Refundable: No

Reason for fee: Allows CBHSVA to buy insurance for each player, coach, volunteer, and CBHSVA Officers. Also reimburses CBHSVA for administration costs.

Notes: Each player must submit, for the teams advocate's file, a copy of Medical Release form and signed pledge to abide by School/CHSAA Code of Conduct. Please use this form to add or delete players as the season progresses.

Name of School:

Name:	Address:	Phone:	Grade:

As the team advocate I certify that I have on file each player's signed Medical Release and School/CBHSVA Code of Conduct eligibility form.

Advocate/Team Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form with check made payable to CBHSVA to:  
CBHSVA Registrar  
3407 Stover St, H811  
Fort Collins, CO 80525  
303-404-3235

