

# 4th & 5th Grade Recreational Sports Leagues

Practices held weekdays at schools; games held Saturdays at the Casper Recreation Center

Casper

After

School

Program for

Education &

Recreation

## Girls' Basketball

Register by: Monday, November 1, 2021  
Games: November 20, 2021– January 15, 2022

## Boys' Basketball

Register by: Monday, January 10, 2022  
Games: January 29– March 5, 2022



*Participants, coaches and spectators must follow the COVID guidelines at all times*

**\$15 per participant**

**Register at the Casper Recreation Center**

**Community Recreation Foundation scholarships available  
For more information call 235-8383**

**Info & schedules available at  
[www.crlasports.com](http://www.crlasports.com)**



*The C.A.S.P.E.R. program has an "everyone plays" philosophy and emphasizes sportsmanship, teamwork, and fun!*

Sport: (Circle)

Girls' Basketball

Boys' Basketball

Player's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Email Address \_\_\_\_\_ Player's Birth Date \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Tee-shirt size: (Circle one)    YS (6-8)    YM (10-12)    YL (14-16)    AS    AM    AL    AXL

***Our program depends on volunteers! Add your contact information below if interested in helping.***

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Register online at [www.crlasports.com](http://www.crlasports.com) or at the Casper Recreation Center 1801 E 4th St. (307)235-8383**

In registering for this activity, I agree to abide by the established rules of the facility and the governing bodies. I understand that the City of Casper and the Natrona County School District do not carry insurance for participants in recreation programs. I also agree to release the City of Casper, Natrona County School District, the supervisor, instructor and/or other City of Casper or NCSD, the Casper Recreational Leagues Association and the Community Recreation Foundation from any responsibility for damages or injuries which might occur during my participation in this activity.

Parent's Printed Name: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Parent's signature required)