



Connecticut Recreation and Parks Association, Inc. Registration Form

Please Print:

Name: _____ M/F: _____

Town where you will be competing: _____

Email: _____ Phone: _____

An email address **MUST** be provided. All winners will be notified of their advancement to the state completion through email only.

Address: _____

City: _____ State: _____ Zip: _____

*Date of Birth: _____ Age as of 12/31/19: _____

**Local meet hosts will confirm the age of participants by checking birth certificates at the local meet.*

Emergency Information

Emergency Contact: _____ Relationship: _____
(Parent or Guardian)

Phone: _____ Alt. Phone: _____
(Other than that listed above)

- The above named participant and the participant's parent/guardian have requested registration of the participant in the Connecticut Recreation and Parks Association, Inc. (CRPA) HotShots Contest. In consideration of such registration, the right of the participant to compete in the HotShots Contest and utilize the sponsoring agency's facilities and equipment is at the discretion of CRPA and the host facility. Both the participant and the parent/guardian above each acknowledge that the participant will be competing in the contest and using the host's facility at the participant's sole risk and the participant, on his or her behalf and on the behalf of his or her heirs, executors, administrators, and assigns, hereby release, discharge, and agree to hold harmless the Connecticut Recreation and Parks Association, Inc. and it's sponsoring and host agencies.
- We certify that the information on the participation form is correct.
- This event may be photographed or video-recorded. Signing below constitutes the consent of all attendees, and the consent of the parents or legal guardians of any minor children in attendance, to the future broadcast, publication or other use of photographs or videos at the sole discretion of the CRPA.

(Signature of Parent/Guardian)

(Today's Date)



Name: _____
 Phone: _____
 Street Address: _____

 City: _____ State: _____
 Date of Birth: ____/____/____

Age Group:
 B 9-10
 G 9-10
 B 11-12
 G 11-12
 B 13-15
 G 13-15

Round 1		Shots	Points
	Lay-ups: <input type="checkbox"/> 2 <input type="checkbox"/> 2	Lay-up	
	<input type="checkbox"/> A <input type="checkbox"/> A 2 2 2 2 2	A (2 pt)	
	<input type="checkbox"/> B <input type="checkbox"/> B 4 4 4 4 4	B (4 pt)	
	<input type="checkbox"/> C <input type="checkbox"/> C 5 5 5 5 5	C (5 pt)	
	<input type="checkbox"/> D <input type="checkbox"/> D 3 3 3 3 3	D (3 pt)	
	<input type="checkbox"/> E <input type="checkbox"/> E 3 3 3 3 3	E (3 pt)	
		Bonus (5 pt)	
		Bonus (10 pt)	
		Violations	-
		TOTAL	
Round 2		Shots	Points
	Lay-ups: <input type="checkbox"/> 2 <input type="checkbox"/> 2	Lay-up	
	<input type="checkbox"/> A <input type="checkbox"/> A 2 2 2 2 2	A (2 pt)	
	<input type="checkbox"/> B <input type="checkbox"/> B 4 4 4 4 4	B (4 pt)	
	<input type="checkbox"/> C <input type="checkbox"/> C 5 5 5 5 5	C (5 pt)	
	<input type="checkbox"/> D <input type="checkbox"/> D 3 3 3 3 3	D (3 pt)	
	<input type="checkbox"/> E <input type="checkbox"/> E 3 3 3 3 3	E (3 pt)	
		Bonus (5 pt)	
		Bonus (10 pt)	
		Violations	-
		TOTAL	
Round 3		Shots	Points
	Lay-ups: <input type="checkbox"/> 2 <input type="checkbox"/> 2	Lay-up	
	<input type="checkbox"/> A <input type="checkbox"/> A 2 2 2 2 2	A (2 pt)	
	<input type="checkbox"/> B <input type="checkbox"/> B 4 4 4 4 4	B (4 pt)	
	<input type="checkbox"/> C <input type="checkbox"/> C 5 5 5 5 5	C (5 pt)	
	<input type="checkbox"/> D <input type="checkbox"/> D 3 3 3 3 3	D (3 pt)	
	<input type="checkbox"/> E <input type="checkbox"/> E 3 3 3 3 3	E (3 pt)	
		Bonus (5 pt)	
		Bonus (10 pt)	
		Violations	-
		TOTAL	

Instructions:
 - Put an X through the appropriate letter when a legal shot is attempted
 - Circle the point value under the letter of the shot made
 - Total on the right after each round

Grand Total: