

Enterprise Youth Basketball League

Participation Registration Form for Grades (1st-6th)

PLAYER INFORMATION

Player's Name _____ Gender _____ DOB (MM/DD/YY) _____

Elementary School _____ Grade _____

Emergency Contact (Other than Parent) _____ Phone _____

Doctor to Notify in an Emergency _____ Phone _____

List Any Medical Problem/Condition or Limitation Player Has _____

PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address: _____

VOLUNTEER INFORMATION

Coach

Referee

Team Mom

Field Preparation

CONSENT FOR MEDICAL TREATMENT

As parent or legal guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are deemed necessary to preserve the life, limb or well-being of the registrant.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARTICIPATION RISK STATEMENT

I, the undersigned, am a parent or legal guardian of the named minor. I fully understand that participating in these youth sports presents risk for serious injury or death. In my capacity as parent or legal guardian, I understand the risks and my responsibility to notify the other parent or legal guardians as well as the minor of the risks involved with sport participation. I have made a conscious decision to allow the named minor to play these sports. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADMINISTRATIVE USE ONLY

Fees Paid: \$ _____ Received by: _____ Date Rec'd _____ Cash or Check# _____

Need a Shirt Y/N (Shirt Paid Y/N) Y Small _____ Y Medium _____ Y Large _____ Y XL/Adult Small _____ Adult Medium _____