

Enterprise 7th & 8th Grade Boys and Girls Basketball

Participation Registration Form for Grades (7th – 8th)

PLAYER INFORMATION

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

Elementary School _____ Grade _____

Shirt Size (PLEASE CIRCLE ONE) YS YM YL AS AM AL

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 _____ Cell Phone _____

Email Address _____

VOLUNTEER INFORMATION

COACH

REFERE

CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above named registrant, I hereby give my consent for emergency medical care prescribed by a fully 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. By signing below I authorize transportation by ambulance by EMS personnel

PARENT/GUARDIAN SIGNATURE _____ DATE _____

ADMINISTRATIVE USE ONLY

Registration: \$40 (with jersey) \$30 (without jersey)

If you already have a jersey from last year, please provide the # of the jersey _____

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

Refer to back side for Liability Release Form and Signature

