

**Eaton Rapids Youth Basketball Association  
Registration Form**

Player's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_  
Dad/Guardian Work Phone: \_\_\_\_\_ Mom/Guardian Work Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does your child (ward) have any physical or medical condition? If yes, please explain in detail (Operation, fractures, joint problems, concussions, seizures, allergy's, known drug reactions, or current prescription medications. Please provide name and dose, etc.)

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that it is with my free knowledge and consent that my (ward) \_\_\_\_\_ participate in the Tri-County League (if scholastic averages meet the standards set by the child's parent or guardian) and understand that serious injury may result from participating in this athletic program. I will notify the coach of my child's eligibility/ineligibility. I relieve the staff (voluntarily) of all responsibility of any accident or injury involving my child (ward) while playing in this program.

\_\_\_\_\_  
Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL EMERGENCY STATEMENT**

In the event of an emergency during my/our absence, I/we hereby authorize the Board Members and/or its coaches to seek local medical attention, and/or secure medical transportation to the hospital if deemed necessary by a person with a medical background.

1. Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Hospital preference: \_\_\_\_\_
3. Insurance Carrier: \_\_\_\_\_

**Emergency Contact Information – Other Than Parent**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I/We understand I/We will fully be responsible for any costs incurred in the event any of the above becomes necessary.

This authorization cover's my child: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTS/GUARDIANS WILL HAVE TO DONATE THEIR TIME IN SOME WAY**

**The Eaton Rapids Youth Basketball Association participates in the Tri-County Basketball League**

\_\_\_\_\_  
Date Payment Rec'd \_\_\_\_\_ Amount Rec'd \_\_\_\_\_ Cash or Check # \_\_\_\_\_