

DEADLINE:
 10/30

REGISTRATION FORM – Page 1 of 2

(for Youth Basketball---2009/2010)

NAME OF CHILD	GRADE	LEAGUE	FEE	ABILITY LEVEL	MIDDLE SCHOOL TEAM
		<input type="checkbox"/> 1 st Grade – co-ed instructional	\$30/child	<input type="checkbox"/> beginner	Are you trying out?
MEDICAL INFORMATION (list allergies, medicines, conditions, etc.)		<input type="checkbox"/> 2 nd Grade – co-ed instructional	\$60/child	<input type="checkbox"/> intermediate	<input type="checkbox"/> yes
		<input type="checkbox"/> 3 rd /4 th Grade (__boys or __girls)	\$60/child	<input type="checkbox"/> advanced	<input type="checkbox"/> no
		<input type="checkbox"/> 5 th /6 th Grade (__boys or __girls)	\$60/child		
		<input type="checkbox"/> 7 th /8 th Grade (__boys or __girls)	\$60/child		

CONTACT INFORMATION:

HOME ADDRESS: _____	Home Phone #: _____
_____	E-mail Address: _____
_____	_____
MOTHER'S NAME: _____	Mother's Employer: _____
Day/Cell Phone #: _____	_____
FATHER'S NAME: _____	Father's Employer: _____
Day/Cell Phone #: _____	_____

COACHING VOLUNTEERS: (always needed)

NAME: _____	Daytime Phone #: _____
E-mail: _____	Evening Phone #: _____
AGREE to Background Check: _____	<input type="checkbox"/> coach
(signature) _____ (date) _____	<input type="checkbox"/> assistant coach

Release:
 I understand that participation in this (these) program(s) involves risks of personal and bodily injury, including but not limited to paralysis, heart attack and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous activities and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Town of East Hampton, Connecticut, its affiliates, subsidiaries and any other entity associated with this (these) program(s), and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability on account of injury, loss claim, or damage to my body, health, wellbeing or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this (these) program(s).

Parent/Guardian: _____ (signature) _____ (date)




PHOTOGRAPHS:
 ...that are taken of participants in our programs may be used in our publicity (unless a participant, parent, or guardian indicates otherwise).

HOW TO REGISTER:
 Completed Registration Forms are accepted by mail, fax, e-mail (as an attachment), or drop off @ Parks & Rec. ofc.

PAYMENT:

Credit Card # _____ Expiration: _____
 Check # _____ Amount: \$ _____



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REGISTRATION FORM – Page 2 of 2 (for Youth Basketball---2009/2010)

MESSAGE TO PLAYER: This pledge is to be *filled out by the child* registering for Youth Basketball. All players must complete this pledge in order to participate in Youth Basketball. Please review it and talk about it with your parent/guardian. Both of you will then need to sign it. Your coach will have a copy of the form if you need it during the season.

ATHLETE'S PLEDGE

Dear _____,
(child fills in -- parent's/guardian's name)

Thank you for letting me play sports. I can't wait to play, and I want you to come to as many games and practices as possible. There are just a few things I would like you to do:

- *Remember that I participate in sports to have fun.*
- *Follow the rules of the game and support equal playing time for all players.*
- *Encourage me at all times and teach me that honest effort is as important (maybe even more important) than winning.*
- *Remain in the spectator area during competitions.*
- *Support my coach and let him/her coach me during the game.*
- *Accept that the officials are doing the best job they can.*
- *Respect all players on the court, the officials, coaches, and other's parents.*
- *Keep your emotions under control.*
- *Remember that I will get the most out of sports with your love and positive support.*

If you forget our agreement during the season, I know I can talk to you about our pledge.

(athlete's signature)

(date)

(parent's/guardian's signature)

(date)

MESSAGE TO PARENTS: We realize that space and seating arrangements at the Memorial School are tight for watching your child's games. However, your presence is important to your child. We also need parents to keep siblings in the gymnasium with them. Children who are in the hall, using the lavs, or waiting for their team must be supervised by an adult.

All teams are picked by the Parks and Recreation Department staff based on player evaluations from last season and information provided on this season's registration form. If you did not play last season, you will be placed on a team based on height, weight, and ability level. This is to ensure that the recreational philosophy of the league is maintained and all teams are equal. This is just one of the ways we maintain the recreational philosophy of the league.