

Easthampton Basketball Association

P.O. Box 1322

Easthampton, MA 01027

Player Registration Form

Name: _____ Gender (circle): Male Female

Grade: _____ School: _____ Age: _____ Birth date: _____

Email Address: _____ Suburban Tryout: If Yes What Town _____

Lives with (circle): Father Mother Both Guardian JV Tryout: If Yes What School _____

Comments: _____

Father/Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother/Guardian

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Medical Information

Doctor: _____ Phone: _____

Health Ins. Co: _____ Policy # _____

Medical Issue? _____ If yes, what is it? _____

Volunteer Sign-Up

The Easthampton Basketball Association is a non-profit, volunteer organization that needs everyone's help to be successful!

Father

- ___ Coach (volunteer)
- ___ Assistant Coach (volunteer)
- ___ Board of Directors (volunteer)
- ___ Referee (volunteer)
- ___ Referee (paid)

Mother

- ___ Coach (volunteer)
- ___ Assistant Coach (volunteer)
- ___ Board of Directors (volunteer)
- ___ Referee (volunteer)
- ___ Referee (paid)

As the parent/guardian of the above named candidate for a position on a League team, I hereby give my approval for my child to participate in any and all league activities. I assume all risk and hazards incidental to such participation, and agree that the EBA, City of Easthampton, Park and Recreation Dept., and the Easthampton School Dept., shall **NOT** be liable to me or my child for any claims, actions, suits, or harm that may arise out of or be in any way related to my child's participation in the Basketball program. The child listed on this registration is **NOT** allowed to play for any towns Pioneer Valley, Varsity, Junior Varsity, or Suburban teams at the same time as their participation on any Easthampton Basketball Association Recreational League Team.

By signing this form, you are agreeing to all the conditions that have been disclosed on this application.

Signature: _____ Date: _____

Father / Mother / Guardian

Official Use Only

Amount Due \$ _____ Amount Paid \$ _____ Cash _____ Check # _____ Verified by: _____