

# ENTERPRISE YOUTH BASKETBALL LEAGUE

## Participation Registration Form for Grades (1st – 8<sup>th</sup>)

### PLAYER INFORMATION

Player's Name \_\_\_\_\_ Gender \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Shirt Size (PLEASE CIRCLE ONE)    YS            YM            YL            AS            AM            AL

### PARENT/GUARDIAN INFORMATION

Name of Parent/Guardian \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### VOLUNTEER INFORMATION

COACH

REFEREE

### 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

**1st – 8th GRADE BASKETBALL REGISTRATION COST \$35**

**REVERSIBLE JERSEY IF NEEDED \$15**

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

Refer to back side for Liability Release Form and Signature





# Liability Release Form

This agreement releases The City of Enterprise, Enterprise High School, Enterprise Elementary, and Instructors from all liability relating to injuries that may occur during activity on location. I fully understand that participating in these youth sports / activities 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 the minor of the risk involved with any participation and hold harmless, release, indemnify and defend the City of Enterprise, its representatives, employees, agents and insurers (hereinafter "City of Enterprise) I have made a conscious decision to allow the named minor to be involved in these activities. I agree that my health and accident insurance will be the primary insurance to cover expenses for any such injury, including rehabilitation.

By signing below I forfeit all right to bring a suit against The City of Enterprise, Enterprise High School, Enterprise Elementary, and Instructors for any reason. I will make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I understand that by signing this agreement I waive certain legal rights and that it is binding upon me, my heirs, and legal representatives. I have been given time to consider whether to sign this release and to review it with my own counsel, and have either done so or voluntarily elected not to do so. I have voluntarily signed my name showing that I accept the above provisions.

I, \_\_\_\_\_, fully understand and agree to the above terms.

\_\_\_\_\_  
(Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent / Legal Guardian)

\_\_\_\_\_  
(Date)