

□ BOY

## EASTCHESTER INSTRUCTIONAL BASKETBALL LEAGUE



### Participant Information:

\_\_\_\_\_  
Last Name First Name Grade (Sept. '17)

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Emergency Contact & Phone

\_\_\_\_\_  
School

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Height

\_\_\_\_\_  
Email

**Requests to be placed on a certain team or with particular players cannot be granted.**

**Volunteers Needed!** If you are interested in coaching please check below, your assistance will help to ensure a quality program for all children.

Name \_\_\_\_\_ Interested in:  Coach  Asst. Coach

I hereby certify that my child is in normal health and capable of safe participation in the youth basketball program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the E.I.B.L. to obtain medical treatment from my child in the event that parent(s)/guardian(s) or the emergency contacts cannot be reached.

I agree to abide by the rules and regulations as set forth by the Eastchester Recreation Department. I understand that my child will be assigned to a team by the Recreation Department. I will fully accept the decision of the Recreation Department regarding team selection. I will conduct myself with a positive attitude toward the league directors, coaches, opposing teams and referees during the games and the course of the season. (NOTE: The Recreation Department reserves the right to suspend my child's participation in the league due to inappropriate behavior of the participant or the parent(s)/guardian(s).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Fee: \$70.00/Child

Cash

Check

Check # \_\_\_\_\_

Rec # \_\_\_\_\_