



Check #:	_____
Date Paid:	_____

2009 7/8 BB Registration

Emmaus Christian School Registration for Basketball

Grade Level Eligibility: **7th & 8th Grade**
Season: **November - February**
Activity Fee: **\$75.00 per student**

PLAYER REGISTRATION FORM

(Please complete and return to office; one per student)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Male: _____ Female: _____ Grade _____
[Month/Day/Year]

Parents'/Guardian's Name: _____ Home Phone: _____

Cell #: _____ Email (yes, I check it daily!): _____

Emergency Contact: _____ Phone #: _____

Address: _____ Relationship: _____

Volunteer Help/Uniform Order

I am interested in volunteering to:

- ___ Assistant Coach
- ___ Game Snack Co-coordinator
- ___ Available to Assist at Practices
- ___ Available to help where needed!

PARTICIPATION PERMIT

By my signature below, I give my permission for my child, _____
Grade _____ to participate in the basketball program of Emmaus Christian School.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I further understand that the dangers and risks of playing or practicing in sports include but are not limited to serious neck and/or spinal injuries which may result in brain damage, paraplegia, quadriplegia, serious injury to virtually all organs and/or bones, and in some cases death. I am advised that students are held responsible for all players' equipment owned and issued by the school.

INSURANCE ARRANGEMENTS

By my signature below, I verify that my son/daughter is fully covered by insurance carried by parents or guardians. I agree that Emmaus Christian School and/or authorized employees of said school shall not be held liable for accidents or injuries received by my son/daughter while engaged in Emmaus Christian School sponsored athletics, athletic practices or travel to and from any athletic contest.

Insurance Company _____ Policy # _____

MEDICAL CARE

By my signature below, I give Emmaus Christian School permission to obtain necessary medical care for my son/daughter in case of a medical emergency during Emmaus Christian School sponsored athletics, athletic practices or travel to and from any athletic contest.

Name of my son/daughter's physician: _____

Physician Phone Number: _____

CODE OF CONDUCT

I also recognize and have discussed with my son/daughter, the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc., and we/they agree to obey such instructions. By my signature I am indicating that I have agreed to abide by the schools code of conduct and extracurricular guidelines as outlined in the Emmaus Christian School Handbook.

Parent/Guardian Signature: _____ Date: _____