

EPYAL BASKETBALL REGISTRATION

2016-2017 Season

PLAYER NAME: _____

GENDER: ____ DOB: _____ GRADE: _____

ADDRESS: _____

PARENT/GUARDIAN NAME/PHONE: _____

PARENT/GUARDIAN NAME/PHONE: _____

EMAIL ADDRESSES: _____

LAST SEASON TEAM NAME/DIVISION (if known): _____

Player Shirt Size	YS	YM	YL	AS	AM	AL	AXL	A2XL
Player Short Size (<u>Travel only</u>)	YS	YM	YL	AS	AM	AL	AXL	A2XL

The parent/guardian warrant that he/she has granted permission to the player with the said team and East Pennsboro Youth Athletic League and its member teams, players, parent of same, coaches in the league and any volunteers in the league, including EPYAL Board of Directors, are released by said parent/guardian and player from responsibility of liability for any claim for damages which the said parent/guardian of player may be reason of mishap, accident or injury received by said player in play or practice with EPYAL teams or in traveling to or from gymnasiums in which any game, exhibition or practice may be conducted. The said player will return all equipment upon separation from any team. This contract is for the entire eligibility of said player.

Parent/Guardian Signature _____ **Date** _____

VOLUNTEER: PLEASE MARK ALL THAT YOU WOULD BE WILLING TO ASSIST:

Head Coach Assistant Coach Referee Court Monitor
 Concession Stand Fundraising Assistance

***** FOR USE BY EPYAL BASKETBALL DIRECTOR/EPYAL BOARD OF DIRECTORS *****

FEES Paid to EPYAL

Registration Fee -	\$ _____	Volunteer Fee -	\$ _____
Fundraiser Buyout Fee -	\$ _____	Check Number -	# _____
Check Number -	# _____		
TOTAL PAID -	\$ _____		