

NEYSA BASKETBALL 2017/2018 REGISTRATION

(Players must be present at registration)

Spring Forge Cafeteria Tuesday September 5th and Thursday September 7th from 6:30-8:00 PM

THERE WILL BE ONE LATE DATE REGISTRATION ON **SEPTEMBER 18th** FROM 6:30-8:00 PM

Please complete this form in its entirety and submit with payment in full at registration. **Please print clearly.**

Player Name: _____ Birth Date: _____ Grade: _____ Height: _____ Weight: _____

Address: _____ City: _____ Zip: _____

Parent Name(s): _____

Address (if different): _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Please list any other sports your child participates in during the winter sports season: _____

Divisions: _____ Kindergarten/1st– Instructional In-House Program
_____ 2nd Grade Coed (May not exceed age 8 as of 8/31)
_____ 3rd/4th Grade Boy/Girl (May not exceed age 10 as of 8/31)
_____ 5th/6th Grade Boy/Girl (May not exceed age 12 as of 8/31)
_____ 7th/8th Grade Boy/Girl (May not exceed age 14 as of 8/31)

Years of Experience: _____ Previous Position Played: _____

Registration Fees: Kindergarten/1st Grade \$40.00 2nd-8th Grade \$100.00 (\$150.00 max per family - 2 or more children)

There will be a mandatory fundraiser or a \$40 buyout (\$50 per family)

Insurance Agreement: I/We hereby authorize the above listed player to play in the above listed NEYSA sports program and its affiliates. I/We have shown proof of insurance (current insurance card required) which provides liability insurance and medical coverage with the following company _____ with policy/group # _____, I/We recognize the possibility of physical injury associated with NEYSA Basketball and hereby release the Northeastern School District, NEYSA and their affiliates, employees and agents, coaches, members of the Board and their members at large from such a claim resulting from our/my child's participation in and transportation to and from such activities.

Along with proof of insurance all players must provide a copy of their birth certificate.

Parent/Guardian Signature: _____ Date: _____

In the event of an emergency your child will be transported by emergency services to a Hospital. Please initial _____

IN CASE OF AN EMERGENCY PLEASE PROVIDE THE FOLLOWING:

Contact Person: _____ Relationship: _____

Phone: _____ Allergies/Medications: _____

Parent Agreement: I/We hereby authorize the above listed player to participate in the NEYSA Basketball program. I/We understand that it is my/our responsibility to insure that the player will attend all practices and games. I/We also agree to support the coaches, staff and other members of NEYSA Basketball. I also agree to volunteer in one of the designated tasks needed.

Parent Signature: _____ Date: _____

As agreed above, you must sign up for one or more volunteer positions – please check one or all that apply:

_____ Head Coach _____ Time Clock _____ Scorekeeper _____ Asst. Coach _____ Admissions

ONLY REGISTRANTS THAT HAVE NOT PLAYED NEYSA BASKETBALL BEFORE MUST HAVE A COPY OF BIRTH CERTIFICATE.

NEYSA BASKETBALL GM ANTHONY WILLIAMS awill220@ymail.com
ASSISTANT GM BAMBI KENNEDY incrediblefours@gmail.com

NEYSA Use Only: Birth Certificate? Y _____ N _____ INIT _____ (Only if 1st time player)

Registration fee received? Date: _____ Check # _____ /Cash Amt: _____

Northeastern School District neither encourages nor discourages participation in the activities described herein. Copies of this flyer have not been prepared or paid for by Northeastern School District.