



# EGRA BASKETBALL REGISTRATION FORM '23



DATE \_\_\_\_\_ PAID BY: CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ BIRTH CERT. \_\_\_\_\_  
(Verified/Initial)

NAME \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ AGE DEC. 1 \_\_\_\_\_ MALE / FEMALE  
(Circle One)

PARENT / GUARDIAN \_\_\_\_\_

TELEPHONE (H/W) \_\_\_\_\_ (Cell) \_\_\_\_\_

EMAIL \_\_\_\_\_

LAST TEAM \_\_\_\_\_ TEAM ASSIGNED \_\_\_\_\_

RESIDENT OF: (PLEASE CIRCLE ONE) CITY OF EMPORIA GREENSVILLE CO. OTHER \_\_\_\_\_

UNIFORM SHIRT SIZE (PLEASE CIRCLE ONE)

Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult 2XL

**PERMISSION FORM** (Please Read Before Signing) *By signing this permission form, my family and I pledge that we will observe GOOD SPORTSMANSHIP and may lose our right to participate if this rule is violated. I understand that a \$55 fee must accompany this application AND there are NO REFUNDS. I understand there is a \$25.00 returned check fee. I agree to pay the amount for which the check was written, in addition to the \$25.00 fee. I also understand that I am responsible for returning all uniforms and equipment at the last game or will have to pay replacement costs.*

SIGNED \_\_\_\_\_  
Parent/Guardian Date