



# BASKETBALL REGISTRATION FORM

DATE \_\_\_\_\_ PAID BY: CHECK# \_\_\_\_\_ CASH \_\_\_\_\_ BIRTH CERT. \_\_\_\_\_  
(CHECKED / INITIAL)

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

ADDRESS \_\_\_\_\_

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

BIRTH DATE \_\_\_\_\_ AGE DEC. 1 \_\_\_\_\_ MALE / FEMALE  
(circle one)

PARENTS \_\_\_\_\_

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

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

RESIDENT OF: (PLEASE CIRCLE ONE)

CITY OF EMPORIA GREENSVILLE CO. OTHER \_\_\_\_\_

Uniform Shirt Size (Circle) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

## 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 \$45 fee must accompany this application on registration day or \$65 AFTER SIGN-UP 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

I understand there are **NO REFUNDS**: \_\_\_\_\_  
Parent/Guardian

**EGRA WORKS FOR "OUR KIDS"**

*Funded by the City of Emporia & Greensville County*

<http://www.egra.org>