



EGRA BASKETBALL REGISTRATION FORM '22



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 \$45 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