

EASTCHESTER INSTRUCTIONAL BASKETBALL LEAGUE



Participant Information:

Last Name First Name Grade

Parent's Name

Address

Town

Zip

Home Phone

Work Phone

Emergency Contact & Phone

School

____/____/____
Date of Birth

Age

Height

Email

My child also plays for: (Name team) _____

Least desirable night for practice (**please circle one***) M TU W TH F

**Please note that we will only look at the FIRST night circled above and try to avoid it for a practice night for your player, so PLEASE circle the ONE night they cannot attend practice.*

Requests to be placed on a certain team or with particular players cannot be granted.

Please make check(s) payable to: Town of Eastchester

Volunteers Needed! If you are interested in coaching please check below, your assistance will help to ensure a quality program for all children.

Name _____ Interested in: (oCoach oAsst. Coach)

List Most Desirable Practice Nights:** _____

**Again we TRY our BEST to accommodate everyone, but it is NOT guaranteed

I hereby certify that my child is in normal health and capable of safe participation in the youth basketball program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the E.I.B.L. to obtain medical treatment form my child in the event that parent(s)/guardian(s) or the emergency contacts cannot be reached.

I agree to abide by the rules and regulations as set forth by the Eastchester Recreation Department. I understand that my child will be assigned to a team by the Recreation Department. I will fully accept the decision of the Recreation Department regarding team selection. I will conduct myself with a positive attitude toward the league directors, coaches, opposing teams and referees during the games and the course of the season. (NOTE: The Recreation Department reserves the right to suspend my child's participation in the league due to inappropriate behavior of the participant or the parent(s)/guardian(s).

Parent/Guardian Signature

Date

Fee: \$100.00/Player o Cash o Check Check # _____ Receipt # _____