

Taneytown Area Youth Basketball

Registration Form

Player Name: _____ **Phone:** _____ **Birth Date:** _____
Address: _____ **City:** _____ **State/Prov.:** _____
Gender Male Female **Height** _____ **Weight** _____ **Postal Code** _____
Email Address: _____ **Parent Approval to Contact Participant via Email (for children under the age of 13)** Yes No
Guardian Name: _____ **Phone:** _____ **Relationship:** _____
Guardian Name: _____ **Phone:** _____ **Relationship:** _____
Emergency Contact: _____ **Phone:** _____ **Relationship:** _____
School Name: _____ **Grade:** _____

| Division Preference | Min Age | Max Age | Shirt Size | Pants Size |
|--|---------|---------|--|--|
| <input type="checkbox"/> 1st/2nd Grade | | | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Small |
| <input type="checkbox"/> 3rd/4th Grade - In House | | | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> 5th/6th Grade - In House Boys | | | <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth Large |
| <input type="checkbox"/> 7th/8th Grade - In House Boys | | | <input type="checkbox"/> Youth X-Large | <input type="checkbox"/> Youth X-Large |
| <input type="checkbox"/> CCBL | | | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Pre K/Kindergarten | | | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Medium |
| <input type="checkbox"/> U10 Boys - MYBA | | | <input type="checkbox"/> Adult Large | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> U10 Girls - MYBA | | | <input type="checkbox"/> Adult X-Large | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> U12 Girls - MYBA | | | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> U14 Girls - MYBA | | | | |

Shoe Size: _____
Jersey Number Preference _____

League Use Only

Date Paid: ____/____/____
 Cash Check
 Chk Nbr: _____
 Player Fee: _____
 Other Fees: _____
 Total Paid: _____

Medical Information

Preferred Doctor Name: _____ **Phone:** _____
Preferred Dentist Name: _____ **Phone:** _____
Preferred Hospital: _____
Insurance Carrier: _____ **Policy Number:** _____

Medical History: Allergies, Medications, Special Conditions, etc

Medical Authorization

PART I GRANT OF CONSENT

In the event reasonable attempts to contact the parents or guardians have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by preferred Dr.(2), or preferred Dentists or in the event designated Dr. or Dentist is not available, by another licensed physician or dentist; and (2) the transfer of the child to preferred hospital or any hospital reasonably accessible.

NOTE: This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in necessity for such surgery are obtained BEFORE the surgery IS PERFORMED.

Participant Name: _____
Print Name

Parent/Guardian/Custodian: _____ **Date:** _____
Signature

PART II REFUSAL OF CONSENT (Do not complete if Part I has been completed)

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that Taneytown Area Youth Basketball to take no action, or perform the following actions:

Actions to be Performed: _____

Participant Name: _____
Print Name

Parent/Guardian/Custodian: _____ **Date:** _____
Signature