

**EAST WINDSOR YOUTH BASKETBALL**

**Registration – 2019/2020**

(Form must be completed prior to participation)

Player’s Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_ Grade: \_\_\_\_

Street Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Shirt Size: Youth ~ Sm \_\_\_\_ Med.: \_\_\_\_ Lg.: \_\_\_\_ Adult ~ Sm. \_\_\_\_ Med.: \_\_\_\_ Lg.: \_\_\_\_ XL: \_\_\_\_

Medical Plan \_\_\_\_\_ Medical/Mental conditions (allergic to bee stings, medications, etc.)

**Parent/Guardian’s Name (print)** \_\_\_\_\_

I have full knowledge that basketball carries significant risk of personal injury, severe injury, even death. I also agree that, as the parent/guardian to the noted child, that I am responsible for my child’s safety, and in case of injury, I understand that I am responsible for all financial liabilities. To the best of my knowledge, my child is in good physical and mental condition, has no condition that would be aggravated by participating, and has no communicable disease or mental condition that could place other participants in harm’s way. I agree to allow immediate medical care if needed.

I agree to waiver and release and hold harmless East Windsor Youth Basketball, and those associated with these organizations including, but not limited to, the organizers, officers, managers, coaches, referees, facility providers, and participants for any injury and/or illness incurred directly or indirectly as a result of participating in this league or traveling for games or practices, or trying out; also from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments. I realize that if I submit payment by check and the depositing bank rejects my check, I am financially responsible for the noted value of the check and a \$25 penalty fee payable to EWYB.

**East Windsor Youth Basketball has a zero tolerance policy** in place, whereas, if a player, coach, parent, sibling or anyone else associated with a team/player uses inappropriate language; threatens, harasses, instigates a threatening or unsafe atmosphere or threatens/harms a player, coach, official or spectator, that person will be asked to leave the facility/grounds immediately and will not be permitted to return for a practice, game, or activity associated with East Windsor Youth Basketball for the remainder of the season. If such actions occur during a game, failure to leave when requested by an official will result in a forfeit win for the opposing team and may result in the request for Police assistance to remove the individual from the premises.

**I acknowledge that I read and I understand the terms and conditions as stated and agree to abide by this zero tolerance policy.**

Parent/Guardian’s/Care Givers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Entry Fee - \$60 (includes 2 Fundraiser Cards @\$5 each for area businesses)**

2 Fundraiser cards are included in your Registration. You sell the 2 cards and keep the \$10 – actual cost to play \$50

(For all Non-Travel Team Basketball)

\$60 per player, \$120 maximum for all immediate family members

**Discount does not apply to players playing Travel**

Payment Total \$ \_\_\_\_\_ Check Number \_\_\_\_\_ Cash \_\_\_\_\_ Checks Payable to: EWYB

(Due to penalties assessed to EWYB for checks deposited with insufficient funds, there will be a \$25 charge for any check returned)

**Coaching**

If you would like to coach or assist, please complete the following:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Player associated with this coach \_\_\_\_\_ Grade \_\_\_\_\_

(Coaches will be required to complete/submit volunteer form to be considered)

**SPONSORSHIP**

**Sponsors are needed! If you can help us with a sponsor for your child’s team, this would be helpful as it helps minimize costs for all involved!**

**EAST WINDSOR YOUTH BASKETBALL TEAM SPONSOR**

If you would like to sponsor your child's team or if your place of work or business you frequent would like to be a sponsor, please complete the following:

Sponsor Name \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Player's name associated with sponsorship: \_\_\_\_\_

Team Sponsorship Donation: \$100 (Checks Payable to: EWYB)

**Registration Submittal**

**Registrations can be submitted to the EW Parks & Rec Office, 25 School St (Town Hall Annex) starting Oct 1 and online at [www.eastwindsorrec.com](http://www.eastwindsorrec.com)). Registration also accepted at clinics on Nov 16 & 23.**

For information contact: Ted Szymanski 875-0031 EWP&R 627-6662