

Registration Form

PLEASE PRINT CLEARLY. Communication will be done through the email listed & website.

Players Name _____

Boy / Girl _____

Address _____

City _____ Zip Code _____

Home Phone _____

Mobile Phone _____

E-mail _____

E-mail _____

Father's Name _____

Mother's Name _____

Player's Date of Birth _____

School _____

Grade (Circle) 1 2 3 4 5 6

☐ Yes, I have added \$15 to purchase a jersey.

Shirt Size: YS YM YL AS AM AL

Previous years jersey # if not purchasing new _____

☐ Yes, I have added \$15 to purchase shorts

Short Size: YS YM YL AS AM AL

Coaches, volunteers and sponsors are very important to the success of youth basketball.

☐ Yes, I am interested in coaching. Please contact me for more information.

☐ Yes, I am interested in becoming a sponsor.

☐ Yes, we are interested in a Travel Team

Please make checks payable to **Little Eagles Basketball**. Return registration forms to:

GlenOak High School Athletic Department

Or mail to:
Little Eagles Basketball
4600 Beverly Ave NE
Canton, Ohio 44714

Waiver and Informed Consent Statement

By signing this waiver and informed consent statement, the parent, guardian, or custodian of children participating in Little Eagles Developmental Basketball League activities do hereby release the League, organizers, members, coaches, players, Little Eagles and Plain Local School District from any and all liability for any injuries to parent or participants as a result of participation in league activities, including but not limited to games and practices. The parent/guardian consents to allow photos to be used on the league website and in print. The parent also understands that basketball is an activity of physical contact between participants with different sizes and skill levels. The parent also understands that league coaches are volunteers and do not guarantee any special level of expertise. Parent affirms that he/she has the authority to sign such a waiver of liability for the signor, child or the other parent.

I give my permission to the staff to secure a licensed physician in the case of an emergency to provide the necessary care.

Parent Signature

Date

Emergency Medical Information

Please list any allergic reactions, serious injuries or special medical procedures.

Hospital Preferred

Doctor

Dentist

LITTLE EAGLES DEVELOPMENTAL BASKETBALL LEAGUE



Dribblers
1st & 2nd Grade

B League
3rd & 4th Grade

A League
5th & 6th Grade