



Boys and Girls Basketball Registration 2018 - 2019 Season



REGISTRATION CLOSSES SATURDAY NOVEMBER 10TH

Onsite Registrations to be held:

Thursday November 1st - 6:30pm – 8:00pm at Weimann Field House
Saturday November 3rd - 11:00am – 1:30pm at Weimann Field House
Saturday November 10th - 2:00pm – 5:00pm at Weimann Field House

Signup Online at www.epaasports.org (Select “Online Forms”)

Player First Name: _____ Player Last Name: _____

Address: _____ City: _____

Home Phone: (_____) _____

Date of Birth: _____ Age as of December 1st 2018: _____ **BOY or GIRL** Grade (Fall 2018): _____

Parent First Name: _____ Parent Last Name: _____

E-Mail: _____ Mobile Phone: (_____) _____

Emergency Contact: _____ Emergency Phone: (_____) _____

Family Physician: _____ Physician Phone: (_____) _____

Indicate specific medical allergies, chronic illnesses, or other medical conditions that coaches and medical personnel should be aware of: (A Physicians clearance is required for any condition listed): _____

- **FAMILIES ARE EXPECTED TO PARTICIPATE IN FUNDRAISING TO KEEP OUR EXISTING REGISTRATION FEES.**
- **EACH FAMILY AGREES TO ABIDE BY THE EPAA’S CODE OF CONDUCT POLICY.**

Effective September 1, 2014 registrations submitted without payment will be null and void within 5 days of being entered. Please be sure to make contact with an EPAA Board member if you have completed a registration form without payment. EPAA Board member contact information is available under Contact Info menu/link on www.EPAASports.org. Payment of said registrations must be made within 5 days of completing registration (to secure player roster spot) or the site will automatically remove/delete said registration. After registration closes, only 50% of registration fees can be refunded.

I would like to: Coach _____ Assist Coach _____

Township Ordinance Applies (Background Check)

Basketball Shirt Size (Circle One):

YS, YM, YL, AS, AM, AL, AXL, AXXL

Registration Fee:

- _____ \$50 Instructional (Kindergarten)
- _____ \$55 Bantams - Ages 7 and younger (1st and 2nd Grades)
- _____ \$75 Division 3 - Ages 8 and 9
- _____ \$95 Division 2 - Ages 10 and 11
- _____ \$95 Division 1 - Ages 12, 13, 14 (Not in High School)

I hereby give approval for the participation of my child in any and all affiliated associations or league activities and I assume all risk and hazards incident to such participation including transportation to and from said activities. I waive, release, absolve, indemnify, and agree to hold harmless the EPAA and affiliated associations, leagues, the organizers, supervisors, officers, directors, board members, participants, and persons or parents supervising or transporting participants to or from such activities, from any claims arising out of injury to my child. I understand that a player who registers with a league is bound to that league for the entire seasonal year unless a transfer is approved for extenuating circumstances. My family agrees to abide by the EPAA’s Code of Conduct Policy & Anti-Bullying /Harassment Policies.

As parent and/or guardian of the player noted above, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child’s life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I hereby grant this release between the dates of October 17, 2018 and March 31, 2019.

This registration and medical release form is completed and signed of my own free will for the sole purpose of authorizing participation in the league and authorizing medical treatment under emergency circumstances in my absence:

Parent/Guardian Signature: _____ Date: _____

- ***** IMPORTANT *** DUE THE BASKETBALL LEAGUE CHANGES:**
- **EACH PLAYER MUST ATTEND THE SKILLS ASSESSMENT.**
- **THERE ARE NO GUARANTEES ABOUT TEAM PLACEMENT OR PRACTICE SCHEDULES.**
- **COACHES MUST ATTEND MANDATORY COACHES MEETING.**

• **MAKE CHECKS PAYABLE TO EPAA (NOTE: \$20 SERVICE FEE FOR ALL RETURNED CHECKS).**

• **EMAIL ADDRESSES WILL BE ADDED TO THE EPAA EMAIL LIST.**

EPAA USE ONLY: Reg Fee = \$ _____ Check/Receipt # _____ Initials _____ Date _____