

# Eureka Springs Youth Sports Association

## 2014/2015 BASKETBALL REGISTRATION

Who: K-6<sup>th</sup> Graders who either reside in Eureka Springs or attend school in Carroll County

When: Registration will run **10/10 – 10/24**. Forms along with fee may be turned in to either Eureka Springs Elementary School office or Eureka Springs Middle School Library **no later than 10-24-2014**.

Fee: K-2<sup>nd</sup> (coed) grade is **\$15.00** (includes t-shirt)

3<sup>rd</sup> – 6<sup>th</sup> \*\* (girls/boys) grades is **\$35.00** (includes jersey & shorts)

**\*\*These teams will travel to Branson for all games starting Saturday Jan 3 - Feb 28, 2015\*\***

### PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Shirt Size: XS S M L AS AM AL AXL (All grades) Short Size: XS S M L AS AM AL AXL (3<sup>rd</sup> – 6<sup>th</sup> only)

### PARENT/GUARDIAN INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### PARENTAL CONSENT

I/We the Parent/Guardian of the above named player, hereby give my/our approval to his/her participation in the ESYSA for the current season and sport. I/We assume all risk and hazards incidental to such participation including transportation to and from such activities.

**PARENTAL MEDICAL TREATMENT AUTHORIZATION:** In the event of injury to my/our child, I/we hereby grant authority to a qualified Emergency Medical Technician (EMT), Doctor of Medicine or Physician to render such medical treatment deemed necessary under the circumstances.

### CODE OF CONDUCT

*I hereby pledge to provide positive support, care, and encouragement for my child and other children participating in youth sports by following this Parent's Code of Ethics: I will support and encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other sports events in order to encourage a positive and enjoyable experience for all. I will place the emotional and physical well being of my child ahead of my personal desire to win. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and will refrain from their use at all youth sports events. I will remember that the game is for youth not adults. I will do my best to make youth sports fun for my child. I will ask my child to treat other players, coaches, officials, and fans with respect regardless of race, sex, creed, or ability.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CHECK IF INTERESTED IN: Coach: \_\_\_\_\_ Sponsor: \_\_\_\_\_

**ALL FORMS MUST BE RETURNED WITH PAYMENT ATTACHED BEFORE YOUR CHILD WILL BE ASSIGNED TO A TEAM. IF YOU NEED FINANCIAL ASSISTANCE PLEASE CONTACT TAMMY BULLOCK AT 479-981-1210 FOR A SCHOLARSHIP APPLICATION.**