



BASKETBALL REGISTRATION

Student's Name: _____

Current Grade: _____

Parent's Name: _____

Address: _____

Parent's Phone Numbers: Primary number _____

Cell number _____

Alternate number _____

E-mail address: _____

Emergency Contact (other than parents): Name _____ #: _____

List any medications: _____

List any medical conditions: _____

Registration Fee: \$15.00/child or \$30.00/family (max.) Due **November 18th, 2022**

Total Registration Fee \$ _____

Late Fee after November 18th, 2022: \$20.00/child

Check here if fee is paid with a siblings registration form: _____

Uniforms: All shirts will be provided with sizes matched as closely as possible. Please refer to the "Uniforms" section of the attached Player-Parent Expectation Policy.

Shirt Size:

Are you willing to volunteer to help coach if needed? YES NO

Pictures Total (from separate order form) \$ _____

(Make checks payable to EYS) **Total:** \$ _____

NOTE: Your child/children will not be allowed to play or practice until the liability form on the back of this registration is signed and this form and the player/parent expectation signature form is returned to City Hall with the proper fees. Essex Youth Sports is under the direction of the City of Essex. Please return all forms and direct all questions to City Hall, your coach, or any EYS board member, not to the school. Do not contact the school as they will not have any information or forms.

Office Use Only:

Date Paid: _____ Check #: _____ Cash \$: _____ Player Expectation Form Signed: _____



WAIVER AND RELEASE OF LIABILITY

In consideration of the Essex Youth Sports furnishing services, equipment and volunteers to enable my child to participate in the Essex Youth Sports, I agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's participation in the Essex Youth Sports activities; (b) his/her participation in such activities may result in an injury including but not limited to bodily injuring, disease, strains, fractures, partial and/or total paralysis, eye injury, blindness, heat stroke, heart attack, death or ailments that could cause serious disability, (c) these risks and dangers may be caused by the negligence of the volunteers, employees, officers, or agents of the Essex Youth Sports; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; and (d) by my child's participation in these activities, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the Essex Youth Sports sponsors, the City of Essex, volunteers, agents, officers, or by any other person.

I, on my child's behalf, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the Essex Youth Sports and its sponsors, volunteers, agents, officers, and other persons involved with the Essex Youth Sports from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my child's participation in the program's activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the sponsors, the City of Essex, volunteers, agents, officers, or any person involved in the Essex Youth Sports.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT, AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE ESSEX YOUTH SPORTS PROGRAM AND ITS SPONSORS, THE CITY OF ESSEX, VOLUNTEERS, AGENTS, OFFICERS, AND ANY OTHER PERSON INVOLVED IN THE ESSEX YOUTH SPORTS FROM LIABILITY FOR MY CHILD'S INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print Child's Name

Date

Parent/Guardian Signature

Print Parent/Guardian Name



EYS SPORTS PICTURE ORDER FORM

ITEM	QUANTITY	PRICE EACH	TOTAL
8x10 Memory Mate		\$12.00	
8x10 Team Photo		\$10.00	
5x7 Team Photo		\$8.00	
8x10 Individual Photo		\$10.00	
5x7 Individual Photo		\$8.00	
Photo Button		\$4.00	
3x4.5 Magnet		\$5.00	
Wallets (8)		\$8.00	
Siblings/ Friend Photo: Children's names: Size: 5X7 \$8 8X10 \$10 Circle the size you want			
		TOTAL DUE	\$

Player's Name: _____ **Person Ordering:** _____

For Office Use Only:

Check: _____ Cash: _____ Date received: _____