

# LEAYSA BASKETBALL REGISTRATION

Player Information		
Name:		Age by 9/01/08
Address:		
City:	Zip Code:	Date of birth:
Phone:	School:	Grade:
Parent/ Guardian Information		
Parent Name:		
Work #	Email:	Cell:
Are you interested in volunteering to help LEAYSA this season?		
Parent Name:		
Work #	Email:	Cell:
Are you interested in volunteering to help LEAYSA this season?		
Emergency Contact		
Name:		Phone:
Relationship:		Cell:
Medical Information		
Allergies:		
Medical Issues:		
Medications:		
Uniform Sizes		
Desired Number:	2nd. Choice:	3rd. Choice:
Jersey Size	Shorts	
YS / YM / YL / YXL / AS / AM / AL / AXL	YS / YM / YL / YXL / AS / AM / AL / AXL	
<p>Recognizing the possibility of physical injury associated with palying sports, I do hereby release the City of Little Elm, LEAYSA, LEISD, Other participating cities, Coordinators, Directors, and Coaches against claims by or on behalf of the registrant as a result of their participation in the program. I do hereby give consent for emergency medical care prescribed by duly licensed health care provider.</p> <p>I agree that the above information is accurate and true. I am aware that there are no refunds and / or exchanges after the uniform order is placed. I agree to the sizes written on this paper and know that these will be the sizes ordered. I am aware that I must bring my child to the fitting or risk not having a uniform in time for scheduled events.</p>		
Signature of Parent:		Date:
Special Request: _____ <b>** Please note that special requests are taken into consideration, but can not be guaranteed**</b>		
League Use Only		
Check #	Reg Fee.	Birth Certificate
Initials:		