

**Kirtland Youth Association, Inc.**  
**2011 - 2012 Winter Basketball Program**  
**Registration Form**

Date: \_\_\_\_\_

<u>Grade:</u> <b>2</b> <b>3</b> <u>Gender:</u> <b>Male</b> <b>Female</b>  <u>Youth T-Shirt Size:</u>  <b>Medium</b> (10-12), <b>Large</b> (14-16), <b>X-Large</b> (18-20)
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**OR**

<u>Grade:</u> <b>4</b> <b>5</b> <b>6</b> <b>7</b> <b>8</b> <u>Gender:</u> <b>Male</b> <b>Female</b>  <u>Adult T-Shirt Size:</u>  <b>Small</b> <b>Medium</b> <b>Large</b> <b>X-Large</b>
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(Please Print Clearly)

**Player Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Phone # 3: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Parent OR Guardian Names: \_\_\_\_\_

**Emergency Contact Information:**    *(Please list two emergency contacts other than those listed above)*

Name	Relationship	Home#	Work#	Cell#

Do you have health insurance:    Yes    No    Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Family Physician or Clinical Provider: \_\_\_\_\_

My child is presently under the following medical treatment or taking the following medication(s): \_\_\_\_\_

My child is presently allergic to the following medication(s): \_\_\_\_\_

Describe any other physical limitations or problems that should be known by the coach(s) or emergency medical personnel (e.g. hearing problems, hemophilia, diabetes, arthritis, etc): \_\_\_\_\_

***Emergency Medical Release:***

If emergency medical care is deemed necessary and I cannot be reached, I authorize the Kirtland Youth Association, Inc. to act on my behalf in granting permission for my child to receive emergency medical treatment.

Parents Name: \_\_\_\_\_ Date: \_\_\_\_\_

***THERE ARE NO REFUNDS AFTER THE DRAFT HAS BEEN DONE. YOUR ENTRY FEE WILL BE CONSIDERED AS A DONATION.***

