

# Y.E.O.P. BASKETBALL REGISTRATION FORM

\_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MI)

\_\_\_\_\_  
MALE FEMALE

\_\_\_\_\_  
(DATE OF BIRTH)

\_\_\_\_\_  
(ADDRESS) (CITY) (STATE) (ZIP)

\_\_\_\_\_  
(PARENT/GUARDIAN NAME & TELEPHONE) (EMERGENCY CONTACT)

\_\_\_\_\_  
(AGE) (SCHOOL) (GRADE)

## FEES:

(5-15 YR. OLD) - \$30.00 PER CHILD **\*\* PLEASE NOTE THAT SPONSORSHIP DONATION DOES NOT PAY FOR PARTICIPANT REGISTRATION FEE \*\***

**\*No more than 5 AAU players per team \* 5 Core players per team**

List allergies or medical conditions that coaches should be aware of.

1. \_\_\_\_\_ 2. \_\_\_\_\_

I grant permission for my son/daughter \_\_\_\_\_ to participate in Winter Basketball sponsored by Youth Enrichment Outreach Program (Y.E.O.P.) unless otherwise notified by me in writing. I fully understand that I am responsible for insurance coverage for my child in case of any injuries or illnesses including Covid-19 that may occur during participation in Y.E.O.P. Winter Basketball. I also understand that Y.E.O.P. will not be held responsible and/or liable for my child/children transportation to and from the facility.

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

