

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

 (LAST NAME) (FIRST NAME) (MI)

 _____ Male _____ Female _____ Other

 (DATE OF BIRTH) (Gender)

 (AGE) (SCHOOL) (GRADE) T-SHIRT SIZE

Please mark a X on all that apply

Race/Ethnicity: _____ Black or African American _____ White _____ Hispanic/Latino _____ American
 Indian/Alaskan Native _____ Two or more Races _____ Asian/Other _____ Please
 list if not listed above _____ Prefer not to list

 (ADDRESS) (CITY) (STATE) (ZIP)

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

FEES: \$35 PER CHILD- NO REFUND GIVEN AFTER FIRST GAME & ALL REGISTRATION SHOULD BE FULLY COMPLETED AND RETURNED BY FIRST GAME OF SEASON

AGE DIVISIONS: _____ 5-6 _____ 7-8 _____ 9-12 _____ 13-15 _____ ALL-GIRL TEAMS 12-16

**** SPONSORSHIP DONATIONS DOES NOT PAY FOR PARTICIPANT REGISTRATION FEE ****

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

1. _____ 2. _____

I grant permission for my son/daughter _____ to participate in Winter Basketball which includes photos and/or videos of events, practices and games 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 _____