

**Eastern Intramural Basketball Program**

**Entry Form**

**Grades K-1**

**Please Circle: BOYS      GIRLS**

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Shirt Size: Yth. Sm. / Yth. Med. / Yth. Large / Adult Small /  
Adult Med. / Adult Large / Adult XL / Adult XXL**

**Cost: \$45 Player will receive a reversible jersey, play games,  
game supplies, basketball, gym use and  
miscellaneous expenses.**

**Make Checks payable to: Eastern Athletic Boosters**

**% Rob Beucler - Boys      or Kevin Pickerill - Girls**

\_\_\_\_\_ **No ball \$5**

\_\_\_\_\_ **No jersey \$10**

\_\_\_\_\_ **multiple family member \$5 off each form**

**Parent's Permission and Waiver Form**

**My child has permission to attend the Eastern Intramural Basketball program. I know of no physical impairment that will affect or be affected by the program. I acknowledge that while at the program my child will participate in a sport that may involve among other things, physical contact with other persons or objects (including the ground) and may incur the risk of injury. I specifically waive and release the Warrior Basketball Program, its employees and staff from liability for any claims for damages, which my child may have for injuries he or she may sustain at the sessions.**

**Signature of Parent or Guardian:** \_\_\_\_\_

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

\_\_\_\_\_ **Coaching Preference – please call and let us know.**

\_\_\_\_\_ **I AM INTERESTED IN COACHING A GRADE LEVEL TEAM IN THE LEAGUE.**