

Eastern Intramural Basketball Program
Entry Form
Grade K- 2

Please Circle: Boys / Girls

Name: _____

Address: _____

City: _____

Birthdate: _____

Phone: _____

School: _____ **Grade Level** _____

Gender _____

Parent's Names: _____

Amount Paid: _____ **Checks made out to: Eastern Athletic Boosters – C/O Rob Beucler Boy's / Kevin Pickerill Girl's**

Grades K-3 \$45 – Player will receive league entry, gym use, and miscellaneous supplies.

___ **\$5 off for multiple family members**

___ **\$10 off for not purchasing a Jersey**

___ **\$5 off for no basketball**

Shirt Size: Please circle – Yth Sm. / Yth Med. / Yth Large / Adult Sm. / Adult Med. / Adult L / Adult XL

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, staff, and volunteers, 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: _____ **Phone:** _____

Date: _____

___ **I am interested in coaching a grade level team in the League.**