

**MESYC BASKETBALL REGISTRATION
2017-2018**

Sign ups are open from October 1, 2017 to December 1, 2017

Child's Name: _____

Parent's Name: _____

Address: _____

Phone Number: _____

Birth Date: _____

Grade: _____

Jersey Size (circle one)

*** 5TH OR 6TH GRADE ONLY; jersey's must be returned at the end of the season**

Youth – Small Medium Large

Adult – Small Medium Large X-Large

Interested in:

Coaching: _____

Volunteer: _____

Registration Fee: \$25/child or \$50 for 3+ children/family

*All registration fees are non-refundable and are considered a donation hereinafter

**Medical authorization and release must be completed if you have not already done so this year (see back of this form).

Official Use Only

Cash: _____

Check: _____

MORRISVILLE-EATON-SMITHFIELD YOUTH COMMISSION
MEDICAL AUTHORIZATION AND RELEASE

I, _____, the undersigned parent/guardian of
(print parent/guardian name)

_____ (“my child”), whose date of birth is _____,
(print child’s name)

hereby grant permission to the Morrisville-Eaton-Smithfield Youth Commission (“Commission”) and its attendants, employees and representatives to provide and secure medical treatment for my child to the best of their judgment and ability in the event of an injury or sudden illness while my child is participating in any program sponsored or conducted by the Commission, including, but not necessarily limited to times before, during and after an athletic and/or recreational event. Such medical treatment may include, but shall not necessarily be limited to, on-site first aid, providing for emergency transport, hospitalization, injection(s), anesthesia and/or surgery, and providing information about my child’s condition and medical history to emergency responders and other health care providers. I agree to indemnify and hold harmless the Commission, the Town of Eaton, the Village of Morrisville and the Town of Smithfield, their officers, attendants, representatives, employees, agents and contractors, from any and all liability, harm, cost and expense attributable, directly or indirectly, to such medical treatment and actions. This Authorization and Release shall be valid for the period from September 2017 through June 2018.

My child has the following special medical conditions or limitations (list all):

My child’s regular doctor is: _____ Tel. No. _____

I have medical insurance that covers my child through the following insurance plan:

Company/Plan: _____

Group No.: _____ ID No.: _____

Parent/Guardian Signature: _____ Date Signed: _____

Emergency Phone Number(s): _____

Address: _____

Name of Alternate Emergency Contact: _____

Alternate Emergency Contact Tel. No.: _____

Witness: _____ Date Signed: _____

Print: Witness Name: _____