



EBA Registration Form

NAME _____

GRADE (as of Spring 2018) _____ GENDER (M/F) _____

ADDRESS _____ CELL PHONE _____

PARENT OR GUARDIAN _____

EMAIL _____

INTERESTED IN PARTICIPATING ON A COMPETITIVE BASKETBALL
TEAM _____

PARENT RELEASE: We, (or I), hereby request that you accept the application for enrollment of _____ in the Emporia Basketball Academy, and hereby release EBA and USD #253 and their employees/volunteers from all claims on account of any injuries which may be sustained by our, (or my), son or daughter while participating in the basketball academy, and its employees/volunteers for any claim which may be hereafter presented by our, (or my), son or daughter as a result of any such injuries.

DATE _____ PARENT SIGNATURE _____

MEDICAL CERTIFICATION:

I hereby certify that _____ is physically fit to participate in the Emporia Basketball Academy.

DATE _____ PARENT SIGNATURE _____

Who to contact in case of **emergency**:

1) Name _____ Phone _____ Relationship _____

2) Name _____ Phone _____ Relationship _____