

## Smackover-Norphlet Winter 2016 Pee Wee Basketball League \*Registration Fee Due with Form \$40/Child\* Due 12/11/15

Child's Name						Gender	
Date of Birth		Grade	Age	Campus	j		
Name of Parent/Guard	ian						
Home Address	Address City					Phone	
Work Phone	Email Address						
Name of Person (s) per	mitted to	o pick up yo	ur child at t	he end of	play		
*Your child will not be	permitte	d to leave w	vith any per	son not pr	eviously ar	oproved by parent or guardian	
Name of Person(s)to contact in case of emergency					Phone Number		
Uniforms (Tank-Top):	Youth:	YS (6-8)	YM (1	0-12)	YL (14-16)		
	Adult:	AS	AM		AL	AXL	
insurance protection m consent for the progra not hold District Person	nust be p m superv nnel, Inst result of	rovided by t visor or scho ructors, Sch my child's p	the parents ool district to lool personi participation	or particip o administ nel, Volunt n in this pro	pants. In the er first-aid teers, or the ogram. I un	e for individual participants. All medic e event of an emergency, I hereby gi or seek medical attention for my chi e school district responsible in case of derstand the risk involved with this a	ve my ild. I will of
Does child have any all	ergies to	food or me	dication? $\_$				
Is your child currently t	aking an	y medicatio	ns?				
Does your child have a	ny medic	al condition	that may p	revent hir	n/her from	participating in physical activities?	
Name & Telephone # o	f child's <sub> </sub>	physician: _					
Parent/Guardian Signature				I am interested in Coaching: YES NO			NO
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\*If your child becomes ill or injured, you will be notified immediately. You must make arrangements to have your ill child picked up immediately.

TEAM SELECTIONS \*\*No special coaching request will be taken, unless the children are siblings or in the same household. No Exceptions! \*\*\*Teams are randomly selected according to age and gender. The size of the team will depend on the number of coaches per division (not to exceed 11 players per team). Volunteer Coaches are needed.