

NEACHE Eagles Elementary Basketball Registration

Name: _____ D.O.B. _____ Age _____

Parents: _____

Address: _____

Email Address: _____

Preferred Contact Phone Number(s): _____

Insurance Company: _____

Policy Holder: _____

Policy Number: _____ Group Number: _____

Physician: _____ Phone Number: _____

Known Medical Conditions: _____

Drug Allergies: _____

Medications: _____

Any information you feel would help us best treat player in the event of an injury or illness in your absence: _____

Emergency Contact (other than parents): _____

Phone: _____ Relation to Player: _____

Do we have your permission to photograph your player and publish athletics-related photos to local media and the CHE website?

Yes or No (circle one)

**It is the desire of CHE Athletics to offer 10U and 12U age divisions for girls and boys basketball. Player eligibility is determined by the child's age on September 1st.

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Parental Waiver and Permission Statement

We, _____, as parent/guardian of
_____ give our permission for
_____ to participate in practices, games,
and other related activities sponsored by NEACHE Basketball. This includes travel to and from
such activities. We know of no reason, medical or otherwise, that could or should prevent our
student from participating. Although not required, we understand that NEACHE strongly
recommends consulting a physician prior to participation in competitive sports.

We further give our consent for a selected NEACHE representative to obtain any medical care
deemed necessary for _____ in the event
of our absence. This includes, but is not limited to, consulting a physician, calling for
emergency care, administering first aid, and transporting to a medical facility. We acknowledge
that NEACHE athletics does not carry team or individual insurance and we agree to be
financially responsible for all costs associated with medical assistance or treatment deemed
necessary.

We hereby waive any legal claim against NEACHE and NEACHE Athletics, it's staff and
volunteers, and any secured facility from any accident, injury, or illness to the player listed
above while participating in any related activity, including travel.

By our signatures below, we confirm that we have read, understand, and agree to this
permission/waiver statement.

Parent(s)/Guardian(s) Printed Name (s):

Parent(s)/Guardian(s) Signature:
