

**2008 Registration**  
**EAST HANOVER GIRLS BASKETBALL ASSOCIATION**

**E-MAIL:** \_\_\_\_\_

**Player's Name** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Work/Cell phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Work/Cell phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Medical Ins.Name & Policy #** \_\_\_\_\_

**KNOWN ALLERGIES OR PERTINENT MEDICAL INFORMATION (PLEASE DESCRIBE):**

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**Uniform Sizes (circle sizes:**

**Shirt Size: Youth** SM MD LG **Adult** SM MD LG XL XXL

**Short Size: Youth** SM MD LG **Adult** SM MD LG XL XXL

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**Coach's Shirt Size (circle)**

**VOLUNTEERS: Head Coach:** \_\_\_\_\_ **AL AXL AXXL**

**Ass't Coach** \_\_\_\_\_ **AL AXL AXXL**

**SPONSOR** \_\_\_\_\_ **\$300 FEE PER TEAM**

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Please write any activities including date and time that you anticipate your child taking Nov.-Mar.

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**REGISTRATION FEE** (please make checks payable to: East Hanover Girls Basketball Assoc.)

**Division Fees:**

1st & 2nd grade clinic \$60 **Division Fee** \_\_\_\_\_

3rd - 6th grades \$80 **Discounted fee (2nd , 3rd child, etc.)** \_\_\_\_\_

7th & 8th grades \$85 **Total Registration Fee** \_\_\_\_\_

**Family Discount - First Child is at full price. All other children in family receive \$10 discount.**

**Cash** \_\_\_\_\_ **Check #** \_\_\_\_\_

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Consent: I hereby give my daughter permission to participate in all activities sponsored by the East Hanover Girls Basketball Association for the upcoming season. I, furthermore, agree to hold the East Hanover Girls Basketball Association harmless for any physical harm that might be incurred during the course of the season. My daughter has been recently examined by her physician and is cleared to play in this activity. I understand that my daughter is required to be covered by primary medical insurance in order to participate in this program, and by signing below, I confirm that she is covered by a primary medical insurance policy. I will notify you if she no longer has this coverage.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REGISTRATION CLOSSES NOVEMBER 10TH!**

## PARENT'S CODE OF CONDUCT

I, as a parent of a youth sport participant, agree to the following rules & regulations set forth by the East Hanover Recreation Department.

- \*I will not force my child to participate in sports.
- \*I will remember that the game is for the children not the adults.
- \*I will inform the coach of any physical disability or ailment that may affect the safety of my child and the safety of others.
- \*I will learn the rules of the game and the policies of the league.
- \*I will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game and practice.
- \*I will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing, taunting, profane language or gestures.
- \*I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- \*I will never ridicule or yell at my child or other participants for making a mistake or losing a competition.
- \*I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field.
- \*I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.

I agree to abide by all rules and policies as set forth by the East Hanover Recreation Department. I also understand, if I violate any of the rules, regulations or policies, I will lose the privilege of watching my child in any township sporting event for the year and will be on probation for the following year.

Name of Parents: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_

\_\_\_\_\_  
Signature of Parents or Guardians

\_\_\_\_\_  
Date