



# 2011-2012 Willoughby Youth Basketball League Registration Form

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Gender M F

Home Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
(one you look at daily)

Did you play on a team last year? Y N Name of Team \_\_\_\_\_ Division \_\_\_\_\_

If you are interested in coaching, sign below. **Any parent who is on the court will have to go through a mandatory coach's certification on the internet prior to January 1, 2012.**

Yes! I am interested in coaching: \_\_\_\_\_ Day time phone: \_\_\_\_\_

I, the undersigned am hereby advised and fully understand that the City of Willoughby does not provide any insurance for injuries sustained by any member of my family while enrolled in any program or trip. I hereby authorize the Willoughby Department of Parks & Recreation to use my photograph or image, or my child's photograph or image, with or without my name or my child's name, either singular or in conjunction with other persons or objects, for private or public presentations, advertising, publicity, or promotional purposes for programs sponsored by the Willoughby Department of Parks & Recreation.

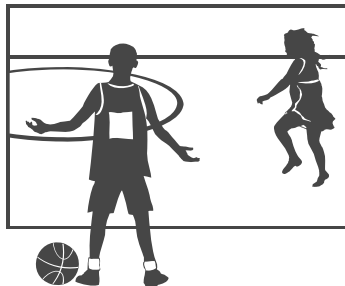
Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**LATE FEE of \$15 will be applied to all prices after October 28, 2011 if spots are available.**  
**Late registration accepted until November 10 if spots are still available.**  
 Make checks payable to ***The City of Willoughby***

		Resident/Non Resident	
5065.401	Boys Minors (boys grades 2-3)	_____	\$55/\$65
5065.411	Girls Minors (girls grades 2-4)	_____	\$55/\$65
5065.402	Co-Ed Majors (boys grades 4-6/girls grades 5-8)	_____ (max 80)	\$69/\$79
5065.403	Boys Stars (grades 7-9)	_____ (max 48)	\$69/\$79

Please check appropriate division  
**LATE FEE AFTER  
 OCTOBER 28, 2011**

**\*\*\*\*\*Your Child will not be eligible to play if he/she is playing in ANY school league\*\*\*\*\***  
**This includes CYO and Middle School teams.**



**PLEASE COMPLETE REVERSE SIDE OF THIS FORM**

# Willoughby Youth Basketball League Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured while under Willoughby Parks & Recreation authority, **WHEN PARENTS OR GUARDIANS CANNOT BE REACHED**. Part I or Part II must be completed.

Child's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Print Parent's Name \_\_\_\_\_

## PART I - TO GRANT CONSENT

In the event reasonable attempts to contact me at this phone number (\_\_\_\_) \_\_\_\_\_ or my child's other parent/guardian (name) \_\_\_\_\_ at this phone number (\_\_\_\_) \_\_\_\_\_ have been unsuccessful, I hereby give consent for

- 1). the administration of any treatment deemed necessary by  
Preferred Physician - Dr. \_\_\_\_\_ phone number (\_\_\_\_) \_\_\_\_\_  
Preferred Dentist - Dr. \_\_\_\_\_ phone number (\_\_\_\_) \_\_\_\_\_

OR in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and  
2). the transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

**This authorization doesn't cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.**

**ALLERGIES:** YES NO, If YES, \_\_\_\_\_

**MEDICATION:** YES NO If YES, \_\_\_\_\_

Year of Last Tetanus (A vaccine children receive when they enter Kindergarten): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*\*\*\*\* DO NOT COMPLETE PART II IF YOU COMPLETED PART I \*\*\*\*\*

## PART II - REFUSAL TO GRANT CONSENT

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the playground program authorities to take no action or to: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date