

**PLEASE MAIL FORM AND REGISTRATION FEE(S) BACK TO JIM TROUTMAN ASAP TO  
SECURE A ROSTER SPOT**

**LAMBERTVILLE BASKETBALL ASSOCIATION-OPEN TO BOYS & GIRLS IN  
GRADES 1ST THRU 8TH**

***PLAYER REGISTRATION-PARENTAL CONSENT FORM  
2018-2019***

The Lambertville Basketball Association (LBA) is an organization committed to providing children the opportunity to learn and compete in the sport of basketball. The LBA is an all-volunteer organization and membership in the league is completely at the discretion of the LBA President. Eligible Players are Boys & Girls in grades 1<sup>st</sup> thru 8th

PLAYER'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GENDER ( M or F )

PREVIOUS TEAM \_\_\_\_\_ SHIRT SIZE youth S / M / L adult S / M / L / XL

Do you have shorts from last year? ( Y / N ) SHORTS SIZE youth S / M / L adult S / M / L / XL

FATHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
*HOME WORK/CELL*

MOTHER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
*HOME WORK/CELL*

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE \_\_\_\_\_

HEALTH INSURANCE CARRIER \_\_\_\_\_

ID NUMBER/GROUP NUMBER \_\_\_\_\_

List any allergies, medical conditions or problems, medications taken: \_\_\_\_\_

Specific medical personnel (name and phone number) to be contacted in regards to these problems/conditions: \_\_\_\_\_

Registration Fee: \$90 per child or \$160 per family

Make Check Payable to: Lambertville Basketball Association

Mailing Address: Jim Troutman 675 Brunswick Pike. Lambertville, NJ 08530 (609-613-1245)

**[WWW.LEAGUELINEUP.COM/LAMBERTVILLEBASKETBALL](http://WWW.LEAGUELINEUP.COM/LAMBERTVILLEBASKETBALL)**

**Complete other side**

## PARENTAL CONSENT FORM

In consideration for providing my child the opportunity to participate in the Lambertville Basketball Association (LBA), as parent or guardian for the player named above I hereby:

- Agree that membership is at the sole discretion of the LBA President;
- Agree that a member may be dismissed from the LBA for actions of the player or his or her family that is determined by the President to be detrimental to the league or contrary to the volunteer nature of the organization;
- Agree that all decisions of the LBA President are final and there is no right to a hearing or an appeal;
- Warrant that the player named above is physically and mentally able to participate in the sport of basketball;
- Grant permission for the player named above to participate in all activities of the LBA;
- Grant permission to the LBA to use the name, likeness, photos and words of the player in newspapers and other media for the purpose of communicating the activities of the Lambertville Basketball Association (LBA);
- Authorize, in case of injury, sickness or a medical emergency, such physician or medical staff as the LBA may designate to carry out any minor medical or surgical treatment and/or medication necessary, or take the player to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide treatment deemed necessary for the well being of the player. It is understood that a responsible effort will be made to contact the parent/guardian/emergency contact listed above to inform same of any injury requiring medical attention and/or emergency room admittance;
- Accept responsibility for the cost of any medical treatments/surgery/ hospital costs not covered by the LBA insurance;
- Acknowledge that the player will be using all LBA related facilities at their own risk;
- Accept any/all responsibilities for any/all injuries or sickness both physical and mental, while the player is participating in the LBA league.

Parent/Guardian \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The LBA is an Equal Opportunity organization and would not discriminate against a player or a family based on race, creed, religion, color, national origin, ancestry, familial status or nationality.*