

# Little Eagles Basketball Registration Form

Please return the Registration Form and \$25 fee to the school office.  
*Make checks payable to NSCA with Little Eagles in the memo.*

Players Name: \_\_\_\_\_

Grade: \_\_\_\_\_

T-Shirt: Check size: (Youth) \_\_\_S \_\_\_M \_\_\_L \_\_\_XL (Adult) \_\_\_S \_\_\_M \_\_\_L \_\_\_XL

Best Email \_\_\_\_\_

Best Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

I understand, by the nature of the activity, that there is a possibility of accident, and I assume the risk and responsibility while my child participates in this activity. I hold harmless North Stonington Christian Academy and/or its representatives, for any injury that my child may sustain during participation in this activity. I also forfeit legal action or compensation claims against North Stonington Christian Academy and/or its representatives, for injuries my child may sustain. I, as a parent/guardian of a minor student, consent to emergency care to be administered to the minor as deemed necessary by the involved physician and/or hospital which is to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility, and that North Stonington Christian Academy and/or its representatives do not have medical insurance coverage for injuries to the minor as a student participant.

Name of Parent/Guardian (Print) \_\_\_\_\_

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

Date \_\_\_\_\_

Any allergies or medical condition Coaching Staff needs to be aware of:

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