

**EBA 2009 CO-ED SUMMER LEAGUE REGISTRATION**  
**8 Saturdays (6/13, 6/20, 6/27 (ex 7/4), 7/11, 7/18, 7/25, 8/1, 8/8)**  
**Perinton Community Center (PCC - 1350 Turk Hill Road)**

**League Times**

**Age 7 -8 > 4:00 - 5:20 pm**

**Age 9 - 10 > 5:20 - 6:40 pm**

**Age 11 - 13 > 6:40 - 8:00 pm**

**Registration fee \$50**

FILL OUT INFORMATION BELOW, PRINTOUT AND MAIL WITH CHECK PAYABLE TO

EASTSIDE BASKETBALL ASSOCIATION

Address - Kevin Legg /871 Macedon Center Road/Fairport, NY 14450

For additional info, call Kevin Legg at 585-425-1883

YOUR CANCELLED CHECK WILL BE PROOF OF ENROLLMENT

Provide all info as of **September 2009**

Player's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Full Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Special conditions: \_\_\_\_\_

I hereby give permission for my child \_\_\_\_\_ to participate in the EASTSIDE BASKETBALL PROGRAM. I understand and agree that I am responsible for insurance coverage and neither the Eastside Basketball Program, Supervisors nor the associated facility may be held liable for any injury to my child while participating in the program.

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_