

Crothersville

# Enter His Courts

## a youth basketball ministry

305 East Howard St, Crothersville, Indiana 47229

e-mail - aknieriem@yahoo.com

Print off additional forms @ www.enterhiscourts.org

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ School \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birth Date / / \_\_\_\_\_

Please give us your e-mail. We will protect it.  
 Be the first to know about weather cancellations, giveaways, camp info,  
 and important announcements... As they happen!

My e-mail address is: \_\_\_\_\_

**Shirt Size -** Children's- CM - CL  
 Adults- AS - AM - AL - AXL - AXXL

Church \_\_\_\_\_ City \_\_\_\_\_

Comments \_\_\_\_\_

**\*Mail in your forms postmarked by Nov 8th and avoid a late Fee !!**

**Fee - \$40.00** (\$35.00 before November 8th) (\$30 for multiple-child/family entries by Nov 8th)

Make check payable to **Enter His Courts.** (payment arrangements available upon request)

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

\* Those who have played before and **choose** to sign up late (*within two weeks of league start date*) may also risk delay in processing/receiving team shirt and being eligible for first game in addition to paying the \$40 late entry fee  
 Please help us by signing up early !!! **Entry fees must be paid by the first game.**

*I give consent for my child to attend the activity sponsored by Enter His Courts Youth Ministry, North Vernon, Indiana. I understand that my child will be closely supervised. If serious illness or injury occurs, medical and or hospital care will be given. However, the staff of Enter His Courts is not responsible in case of accidental injury or illness. I further understand that in case of serious illness or injury, we will be notified, but if it is impossible to contact us, we give permission for emergency treatment or surgery as recommended by the attending physician.*

**I am providing the following information for use in case of an emergency and to aid in emergency treatment:**

**In emergency contact:**

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Allergies/Special Instructions \_\_\_\_\_

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

**Parents:** Would you be willing to serve as: Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_

Scorer \_\_\_\_\_ Referee \_\_\_\_\_ Greeter \_\_\_\_\_ Provide a scholarship for a child to play \_\_\_\_\_

**EHC - Enter His Courts SIGN-UP FORM - EHC**