

North Vernon

Enter His Courts

a youth basketball ministry

PO box 853 North Vernon, Indiana 47265

e-mail - garyyeager19@yahoo.com

website 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 - \$50.00 (\$30.00 before November 8th) (\$35 after Nov 8th for first time players)

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 \$50 late entry fee instead of the \$35 late entry fee for **first time players** who sign up after the November 8th deadline. 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