GIYRA Registration and Medical Information Form

Mail to: 29296 E. River Rd. Grosse Ile, MI 48138

Questions, Concerns, or Issues – johnwmfarrell@gmail.com

GIYRA BASKETBALL

Please mail this **completed** and **signed** form to the above address, or hand-deliver at registration day.
Make check payable to GIYRA as follows:

1 Player: $70 **Family**: $135
$15 late fee after 12/9/11 **Last day to accept registration is** Friday December 2nd, 2011

Walk in registration will be held at Centennial Farms (3rd & Bellevue on Grosse Ile)
Saturday, November 12th 9 a.m. – 12 p.m.
Saturday, November 19th 9a.m. – 1 p.m. (@ Grosse Ile Middle School) during Player's Clinic

Circle your Division:

BOYS DIVISION:	**3rd/4th Grade**	**5th/6th Grade**
GIRLS DIVISION:	**3rd/4th Grade**	**5th/6th Grade**

Shirt Size – Circle One: YL AS AM AL AXL
Practice Day Conflicts Mon-Fri:_____

Player:_____ Birth Date:_____ M/F Grade:_____

Address:_____ City:_____ Zip:_____

Dad:_____ Mom:_____

Home Phone:_____ Email Address:_____
Cell Phone:_____ Height (inches)_____
Emergency Contact:_____ Emergency Phone:_____

I want to volunteer to: ☐ Coach ☐ Asst. Coach ☐ GIYRA Board ☐ Year End Party

Name of volunteer:_____

Player's Health History:
Has your child had or does your child have any of the following medical difficulties? (If you answer YES to any please describe the problem and its implication for proper first aid treatment. Attach add'l sheets if needed. Check the "Health – Special Considerations box in the Upper Left Corner).

Head Injury	Y N	Allergies	Y N	Shoulder Injury	Y N		
Fainting Spells	Y N	Hernia	Y N	Knee Injury	Y N		
Convulsion/Epilepsy	Y N	Diabetes	Y N	Broken Finger	Y N		
Neck/Back Injury	Y N	Heart Murmur	Y N	Broken Arm	Y N		
Kidney Problem	Y N	Poor Vision	Y N	Asthma	Y N		
Neurological Conditions	Y N	Poor Hearing	Y N	High Blood Pressur	Y N		

I understand that the Grosse Ile Youth Recreation Association and member associates will not be held responsible for any injuries. I accept responsibility for any medical bills incurred, as well as costs for transportation by means of ambulance or motor vehicle to a hospital if necessary. By my/our signature I/we accept all the responsibility while my/our child is participating in practice, games, etc., and traveling to and from such activities.

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

I/we_____and _____ of Grosse Ile, Michigan, do hereby state that we are the natural parents/legal guardians having legal custody of _____ a minor, age_____, born _____. I/we authorize an adult agent of the Grosse Ile Youth Recreation Association or its member associations to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Michigan, when the need for such treatment is immediate, and when effort to contact me/us are/is unsuccessful.

X_____ _____
Signature of Parent(s)/Guardian(s) Date

OFFICE USE ONLY Check $_____ Cash $_____ # of players in family_____