



PLAYER REGISTRATION FORM - 5TH GRADE

2009-10

LEMONT PARK DISTRICT BASKETBALL LEAGUE

CIRCLE ONE

NAME _____ MALE FEMALE

AGE: _____ DATE OF BIRTH _____

SCHOOL _____

PARENT'S NAME _____

HOME PHONE # () _____ CELL # () _____

EMERGENCY PHONE # _____

EMERGENCY PHONE # _____

E-MAIL _____

PREVIOUS EXPERIENCE _____

COMMENTS (LIST ANY CONFLICTS) _____

ANYTHING ELSE YOU'D LIKE TO TELL ABOUT YOURSELF

UNIFORM SIZE: _____ (Youth S, M, L; Adult S, M, L, XL)
(includes top and shorts) (e.g. Y M = youth medium; AM = adult medium)
(No different size for top & bottom)

UNIFORM

Requested _____
1st choice 2nd choice 3rd choice

RETURN THIS ENTIRE PACKET TO THE LEMONT PARK DISTRICT

*******ONLY FILL OUT & RETURN IF CHILD HAS TO SELF-ADMINISTER MEDICINE*******
LEMONT PARK DISTRICT MEDICAL AUTHORIZATION FORM
PHYSICIAN'S ORDER MEDICATION DURING LPD BASKETBALL LEAGUE

PLAYER'S NAME _____ D/O/B _____ GRADE _____

ADDRESS _____ CITY/STATE _____

I HAVE DETERMINED THAT THE FOLLOWING MEDICATION IS NECESSARY FOR THE CRITICAL HEALTH AND WELL BEING OF THE PLAYER AND MUST, THEREFORE, BE SELF-ADMINISTERED BY THE PLAYER UNDER SUPERVISION.

MEDICATION _____ ROUTE _____

DOSAGE _____ FREQUENCY _____ TIME GIVEN _____

THE MEDICATION MAY BE SELF-ADMINISTERED UNDER SUPERVISION. _____
Y N

DIAGNOSIS _____

INTENDED EFFECT OF MEDICATION _____

SIDE EFFECTS TO WATCH FOR _____

RE-EVALUATION DATE _____ DISCONTINUATION DATE _____

OTHER MEDICATIONS CAMPER/STUDENT IS TAKING _____

Physician's signature

Physician's name (typed)

() _____
Telephone #

Date

PARENT'S REQUEST FOR SELF-MEDICATION

I REQUEST THAT A DESIGNATED EMPLOYEE OF THE LEMONT PARK DISTRICT BE ASSIGNED TO SUPERVISE MY CHILD WHILE SELF-ADMINISTERING THE MEDICATION AS PER PHYSICIAN'S ORDER.

Prescription #

Pharmacy and Phone #

I CAN BE REACHED AT THE FOLLOWING NUMBER/S IN CASE THERE IS A PROBLEM:

() _____ () _____

Parent/Guardian Signature

Supervisor/Employee's Signature

Date