PLAYER REGISTRATION FORM - 6TH GRADE

LEMONT PARK DISTRICT BASKETBALL LEAGUE

2009-10

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: _______ (**Y**outh S, M, L; **A**dult 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

Lemont Park District's Basketball League Medical Form

Please fill out completely.

****Important: Your child will not be permitted to play without this completed form.**
There will be no exceptions.**

Child's Name ____

Home Address ____

____

Home phone number: ( ) _________ - ________

Name of person who will be dropping off __________________________/_________________
Relation

Name of person who will be picking up __________________________/_________________
Relation

Parents' names: ________________________ _____________________________
Mother Father

Parents' work #'s ( )__________________ ( ) _____________________
Mother Father

Please provide any other forms of communication that you use so that we may contact you in case of emergency: *Cell phone*________________________ *Pager*____________________________

Physicians' name: ____

Physicians' phone #: ( ) ________________________________

Please list any serious illness or operations your child has had, include this year:

____

____

Is your child presently taking medicines? _________ _________
yes no

If yes, please fill in:

_______________________ ____________________ ___________________
Medication name Dosage Time last taken

****Medication will not be given to any child unless a note is given to
the day camp instructors written & signed by the child's doctor.

Date of last tetanus shot (year): ____________________

Does your child have any allergies to medication, insect bites, foods, etc? Please list:
____

____

********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