

Seymour Enter His Courts

a youth basketball ministry

1088 Sarasota Drive, Seymour, Indiana 47274
e-mail - enterhiscourtsbasketball@gmail.com
phone 812-498-0249



Name _____ Grade _____ Age _____

Address _____ Cell Phone _____

City _____ Zip _____ School _____

Male _____ Female _____ Birth Date / / _____

Friend request My e-mail address is: _____
Timothy Goodpaster on Facebook and
 get important info.. As it happens !

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

Church I Attend _____ City _____

Comments _____

Fee - \$40.00 (\$35.00 before November 8th)

Make check payable to Enter His Courts

(payment arrangements available upon request -Entry fee due by 1st game if payment arrangements are made.)

Check# _____ **Cash** _____

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 _____