

PLAYER REGISTRATION FORM - 1st & 2nd GRADE



LEMONT PARK DISTRICT ITTY BITTY BASKETBALL LEAGUE

2010

CIRCLE ONE

NAME _____ MALE FEMALE

AGE: _____ DATE OF BIRTH _____

SCHOOL _____ GRADE IN 1ST 2nd
CIRCLE ONE

PARENT'S NAME _____

HOME PHONE # () _____ CELL # () _____

EMERGENCY PHONE # _____ / _____
Print name

EMERGENCY PHONE # _____ / _____
Print name

E-MAIL _____

EXPERIENCE _____

ANYTHING ELSE YOU'D LIKE TO TELL ABOUT YOURSELF

T-SHIRT SIZE: _____ (Youth SMALL, MEDIUM, LARGE) (Adult SMALL)
(6-8) (10-12) (12-14) (32-34)

WRITE SIZE DOWN & CIRCLE SIZE TOO.

(MUST COMPLETE UNIFORM WITH YOUR OWN BLACK SHORTS)

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