

Basketball Season 2011-2012



Orlando Junior Academy

Registration must be completed prior to participation

Completed Registration includes:

1. Registration form being completed
2. Fees paid in full by November 18th

*****All fields MUST be completed with parent's help*****

Please Print Clearly

Students NAME: _____ Date: ____ - ____ - _____

Grade (current school year): _____

Gender M F

Age: ____ Yrs D/O/B: ____/____/____

Height: _____ Ft _____ In Weight: _____ lbs

Parent(s) Name: _____

Home Phone _____

Cell Phone: _____

We will not be requiring a sports physical this year. However, if you would still like to have one please let me know and I will be glad to provide a physical form to you. Please remember that the school will not be paying for the physical.

I/We the undersigned, shall not hold OJA or any of its coaches, board members or staff responsible for any injury incurred by the registered player, during practices or games, including any voluntary transportation for said player to or from practices or games.

Parent/Guardian Signature: _____ Date: _____

Over----->

CONSENT TO PUBLISH PHOTOS:

I hereby grant Orlando Junior Academy permission to publish photos of the Fall season, which may include Pictures of my child. I understand that if names are listed, it will be my child’s first name only, in an attempt to comply with the National Child Protection Act. Further I understand that every attempt will be made to prevent un authorized access to online information and hold Orlando Junior Academy harmless for the accidental dissemination of information.

Parent/Guardian Signature: _____ Date: _____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I/We, the parent(s) of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Parent Name: _____ Phone: _____

Additional Emergency Contact: _____ Phone: _____

Does your child have any allergies or require special medication? Yes/No (circle one) If Yes Please Explain:

Physician’s Name: _____ Phone: _____

Known Disabilities’: _____

Other important Medical Information: _____

Signature of Parent/Guardian: _____ Date: _____

If I cannot be reached the following may act on my behalf: _____

Coach / Assistant coach / League representative / Team Parent (Circle All That Apply)

Registration fees: Fees are based off of the number of regular season games, post season games and number of referees needed for each game, league fees, uniform rental and trophies.

Pre K-4th Grade \$60

5th-6th Grade \$80

7th-8th Grade \$85

(Please make checks payable to OJA)

For more information contact Coach Geach at bryan.geach@oja-sda.com

Practice Times and Dates will begin November 14th unless otherwise informed

Monday **3:00-4:00** 3rd-4th **4:00-6:00** 5th-6th Girls and Boys

Tuesday **3:30-5:00** 7th-8th Girls **4:30-6:30** 7th-8th Boys

Wednesday **3:00-4:00** PreK-K and 1st-2nd **4:00-6:00** 5th-6th Boys 7th-8th Boys

Thursday **3:30-5:00** 7th-8th Girls **4:00-6:00** 5th-6th Girls