2017 UPPER GWYNEDD TOWNSHIP SUMMER BASKETBALL LEAGUE

REGISTRATION FORM

Games June 12 – July 28, 2017

Interested in coaching? Contact: Emily Croke at 215.699.7777 or ecroke@uppergwynedd.org

Online Registration Now Available!

http://www.uppergwynedd.org/departments-services/parks-recreation

Walk-In Registration Dates Listed Below: 1 Parkside Place, North Wales, PA 19454

Saturday, May 13	9 am - Noon	$90.00 per player
Thursday, May 18	6 pm - 8 pm	Check Number: _____

Registrations Deadline: May 21 - $5 late fee will be assessed for registrations after this date

Player Eligibility – Entering Grades: Circle One

Boys Junior Division - 7th and 8th
Boys Intermediate Division - 9th and 10th
Boys Senior Division - 11th and 12th
Girls Junior Division - 7th and 8th
Girls Senior Division - 9th and 12th

Player's Name:_____ _____ _____
(Last) (First) (Initial)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Going into Grade: _____

Date of Birth: _____ Team or Individual: _____
Month Day Year

Parent Email Address_____

Coach's name (if known):_____ School Name: _____

Coaches: Please complete the following: Coach Phone #: _____

Coach Email:_____

I/We, the parents of the above named player, who is a candidate for the Upper Gwynedd Township Summer Basketball League (League), hereby give my/our approval for his/her participation in any and all of the activities of the League during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify, and hold harmless Upper Gwynedd Township, township staff, Board of Commissioners, the League, the Organizers, the Supervisors, any or all of them in case of injury to my/our son or daughter. I/We hereby waive all claims against Upper Gwynedd Township, township staff, Board of Commissioners, the League, Organizers, or any of the Supervisors appointed to them. I/We likewise waive to the extent not covered by liability insurance and claims against any person transporting my/our son or daughter to or from the activities.

I/We, the parent/parents (hereinafter referred to as Parents) of the above-named player, hereby consent to his/her participation in the League program and all activities related thereto. Parents are hereby advised that no player may participate in the program unless he/she has appropriate medical insurance coverage for any accident, mishap, and/or injury arising out of his/her participation in the program or any activity related thereto. Parents hereby acknowledge and represent that the above-named player is presently covered by appropriate medical insurance and will continue to be covered during his/her participation in the program.

No refunds will be given unless the program is canceled.

Parent's Signature: _____ Date:_____