

# UPPER GWYNEDD TOWNSHIP SUMMER BASKETBALL LEAGUE REGISTRATION FORM

## Registration Dates:

North Penn Individuals & Teams  
May 31 9 am - Noon \$75.00 per player Chk # \_\_\_\_\_  
Open Registration  
June 5 7 pm - 9 pm  
June 7 9 am - Noon  
paid

## Player Eligibility

Boys Junior Division - 5<sup>th</sup> and 6<sup>th</sup> grade, 7<sup>th</sup> and 8<sup>th</sup> grade  
Boys Intermediate Division - 9<sup>th</sup> and 10<sup>th</sup>  
Boys Senior Division - 11<sup>th</sup> and 12<sup>th</sup>

Girls Junior Division - 5<sup>th</sup> and 6<sup>th</sup> grade, 7<sup>th</sup> and 8<sup>th</sup> grade  
Girls Intermediate Division - 9<sup>th</sup> and 10<sup>th</sup> grade  
Girls Senior Division - 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grade

Player's Name: \_\_\_\_\_  
(Last) (First) (Initial)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Going into Grade \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attended \_\_\_\_\_  
Month Day Year

Parent email address \_\_\_\_\_

Coach's name (if known) \_\_\_\_\_

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 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 the 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 Boy/Girl, hereby consent to his/her participation in the League program and all activities related thereto. Parents are hereby advised that no Boy/Girl 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 Boy/Girl 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.

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_