UPPER GWYNEDD TOWNSHIP
SUMMER BASKETBALL LEAGUE
REGISTRATION FORM

Registration Dates:

May 15	9 am - Noon	$80.00 per player Chk #_____
May 20	7 pm - 9 pm	
May 22	9 am - Noon	

Player Eligibility

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

Girls Junior Division - 7th and 8th grade
Girls Intermediate Division - 9th and 10th grade
Girls Senior Division - 10th, 11th, and 12th 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: _____