

LPAA BASKETBALL

Girls and Boys Grades 3 through 6

\$50 Registration Fee

Player's Name: _____ Grade: _____

Address _____

Sex: M ___ F ___ School you attend: _____

Jersey Size: YL ___ AS ___ AM ___ AL ___ AXL ___

Significant Past Illness or Injury: _____

Guardian Name: _____

Guardian Phone: H: _____ C: _____

Email Address: _____

Guardian Name: _____

Guardian Phone: H: _____ C: _____

Email Address: _____

LOWER POTTS GROVE ATHLETIC ASSOCIATION RELEASE STATEMENT

NOTE: The Statement must be signed by parent/guardian for minor player; coach for himself or herself; and administrator for himself or herself

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of LPAA, its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with basketball and in consideration for the Lower Pottsgrove Athletic association (LPAA) accepting the registrant for its basketball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify LPAA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of basketball courts and facilities used for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Player Name: _____ Date: _____

Parent/Guardian Signature: _____

For more information about LPAA basketball go to: www.LPAAbasketball.com or follow us on twitter at twitter.com/LPAABasketball

Official Use: Date Reg: _____ Cash ___ Check No. _____ Amt Paid: _____