

***This form MUST be handed in before the season starts or  
the participant will NOT Play!***

**2011 PERKASIE BOROUGH  
YOUTH SUMMER BASKETBALL LEAGUE**

**PLAYER REGISTRATION/AUTHORIZATION**

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

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

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

Phone \_\_\_\_\_ Coach \_\_\_\_\_

Amt. of Registration fee attached \_\_\_\_\_ **Shirt Size** \_\_\_\_\_

Make check or money order payable to Perkasio Borough (**Adult sizes S, M, L, XL**)

**Date of Birth** \_\_\_\_\_ **Fall Grade 2011** \_\_\_\_\_

I/We, the parents of the above named player, who is a candidate for the Perkasio Borough 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 Perkasio Borough, its employees, agents, servants, and Council people, the Organizers, or any of the Supervisors appointed to them. I/We likewise waive to the extent not covered by liability insurance any 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 adequate Blue Cross/Blue Shield or like 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 Blue Cross/Blue Shield or like medical insurance plan and will continue to be covered during his/her participation in the program.

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

**Please complete this entire form, including the player's shirt size.**