

**2011-2012 USJ PAL BASKETBALL
REGISTRATION DEADLINE **NOVEMBER 11th****

NAME _____ GRADE _____ Teacher _____

Sex: MALE or FEMALE

PHONE _____ Cell _____ EMAIL _____

CHECK WHICH AGE GROUP YOUR CHILD WILL PARTICIPATE IN:

- K coed (4 on 4; 8 ft goals) _____
- 1-2 Girls (8ft goals) _____
- 1-2 Boys (8ft goals) _____
- 3-4 Girls (full court 9ft goals) _____
- 3-4 Boys (full court 9ft goals) _____
- 5-6 Girls _____
- 5-6 boys _____

Signup fee is \$35.00 PER PLAYER and MUST accompany the registration form to your child's teacher by **TUESDAY, NOVEMBER 11th!** After this date, no guarantees will be made that we can accommodate additional players. Checks are to be made out to USJ PAL LEAGUE. Teams will be formed by Thanksgiving week.

CIRCLE T-SHIRT SIZE: CHILD: S M L ADULT: S M L XL

PLEASE CONSIDER COACHING A TEAM! Sign below and include your mobile # and email if you can help:

PARENTAL AUTHORIZATION

I, PARENT/GUARDIAN OF THE ABOVE-NAMED PARTICIPANT IN THE PAL LEAGUE, HEREBY GIVE APPROVAL TO HIS/HER PARTICIPATION IN ANY ACTIVITIES DURING THE CURRENT SEASON. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS, USJ AND ALL OTHER SCHOOLS THAT ARE MEMBERS OF THE PAL LEAGUE AS WELL AS SUPERVISORS AND PARTICIPANTS FOR ANY CLAIM ARISING OUT OF AN INJURY TO THE BOY/GIRL. I ALSO GRANT PERMISSION TO MANAGING PERSONNEL TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE BOY/GIRL BECOME ILL OR INJURED WHILE PARTICIPATING WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

----- RELATIONSHIP _____ Date _____
Parent or Guardian

Questions/Comments/Request must be made by email or written on this form! Please email Brad and Carol Adkins at caroladkins@mac.com for ALL correspondence.