



# Tredyffrin Township Summer Basketball Leagues 2011

**For:** Boys entering grade 8 to 11

**Date:** June 20<sup>th</sup> to July 27<sup>th</sup> **Time:** Monday thru Wednesday evenings. (Thursday evenings rain make-up games)

**Location:** Teegarden Park; Game Times-7:30pm, 8:30pm (Possible second location added if necessary)

\*Please check township website [www.tredyffrin.org](http://www.tredyffrin.org) for team rosters (teams will be available the Thursday before start date)

**Registration Information:**

Tredyffrin residents:	Applications accepted beginning April 25 <sup>th</sup>	Cost: \$50.00
Non-residents:	Applications accepted beginning May 9 <sup>th</sup>	Cost: \$75.00

(PLEASE MAKE CHECKS PAYABLE TO TREDYFFRIN TOWNSHIP)

## Tredyffrin Township Summer Basketball League 2011

### **NO REFUNDS**

Complete and return to: Recreation Coordinator: Tredyffrin Township Building 1100 Duportail Road Berwyn, PA 19312

**League registering for:** Boys Basketball League\_\_\_\_\_

Previous basketball experience:\_\_\_\_\_ Height:\_\_\_\_\_ Weight:\_\_\_\_\_

**Participant Information**

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_ Age:\_\_\_\_\_ Email:\_\_\_\_\_

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

Phone:\_\_\_\_\_ Grade as of Sept. 2011:\_\_\_\_\_ School:\_\_\_\_\_ Township:\_\_\_\_\_

Mother/Female Guardian:\_\_\_\_\_ Phone: Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

Father/Male Guardian:\_\_\_\_\_ Phone: Home\_\_\_\_\_ Work\_\_\_\_\_ Cell\_\_\_\_\_

**Medical Information**

Family Doctor:\_\_\_\_\_ Phone number:\_\_\_\_\_

Medical Problems/Allergies/Medications/Special Needs:\_\_\_\_\_

Allergy to specific foods\_\_\_\_\_ Allergy to bee stings\_\_\_\_\_

Health Insurance Co.\_\_\_\_\_ Policy Holder\_\_\_\_\_

Policy #\_\_\_\_\_ Group #\_\_\_\_\_

**TEAM SPONSORS NEEDED – Contact 610-408-3626 for more information**

**Liability Waiver – Park & Recreation Participant**

The undersigned participant and/or their guardian, in consideration for Tredyffrin Township through its Recreation Programs providing facilities, instructions, transportation and supervision in the activity for which the participant has registered does hereby:

1. Request permission to participate in the activity with the full knowledge that said activity could result in personal injury to me or damage to my personal property.
2. Assume all risks and responsibilities of possible damage or injury involved through participation in said activity. I understand I am to furnish my own insurance in case of injury.
3. Agree to indemnify and hold harmless the Township and its department and agents for personal injury or property damage to other parties resulting from my participation or the participation of minors in my custody while engaged in said activity.
4. I agree that Township shall have the right to enforce activity rules and terminate participation by anyone failing to comply with said rules.
5. I will furnish a certified certificate of birth or proof of birth of the above names upon request by the Recreation Director (program description will indicate if the proof of birth is required at the time of registration).
6. Waive the right to dispute all proper charges once the participant has registered and/or participated in the parks and recreation program, trip or special event which the registration form was received.
7. Agree to reimburse Township for any and all fees incurred for wrongfully disputing a credit charge.

**Signature of Parent/Legal Guardian of Minor Participant (min. age 18):**

\_\_\_\_\_

**Date:** \_\_\_\_\_