

Inter-Faith Basketball League – Charlotte
Park Sharon Athletic Association Participation Form
 Girls Grades 4-12

Name _____ DOB _____ Grade _____
 Address _____ School _____

Home Phone _____ E-Mail _____

Ht _____ Wt _____ Jersey size YM, YL, AS, AM, AL, AXL
 Shorts size YM, YL, AS, AM, AL, AXL

Primary Parent/Guardian Info: Interested in Coaching? _____

Name: _____ Relationship _____

Address _____ Phone _____

Cell phone _____

Work Phone _____ E-Mail _____

Add'l Parent/Guardian Info: Interested in Coaching? _____

Name: _____ Relationship _____

Address _____ Phone _____

Cell phone _____

Work Phone _____ E-Mail _____

Emergency Medical Information:

Primary Physician _____ Phone _____

Emergency room preference _____ Employer _____

Health Plan/Insurance _____

Group # _____ Participant's# _____

EMERGENCY CONTACT _____ Phone _____

We, the parents or guardian of the above player in the above names sport, give my/our approval to the candidate's participation in any and all League activities; and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors, supervisors, participants and persons transporting candidate to aor form activities for any claim arising out of injury to candidate, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We do certif. That candidate is physically sound to participate in intramural basketball. I/We accept responsibility for and agree to return on request the uniform and other equipment issued to candidate at time and place specified, such equipment to be returned in good condition as when received except for normal wear and tear. I/We will furnish a certified birth certificate of the candidate upon request to be retained by the league and will further furnish a certificate of physical fitness where required. I/We understand that candidate is not completely registered until all application fees and such certificates as required are in the hands of plaayer's agent and that until such commitments are completed, candidate may be temporarily suspended from further practice or play.

PARENT/SIGNATURE _____

PSAA Family Membership Fee \$50 _____ (paid once yearly/family)

If already paid, what sport and child name _____

Registration Fee \$120 Girls Basketball Grades 4th – 12th

Total Paid \$ _____ **Please make checks payable to PSAA**