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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| F:\Our Documents\Patie\Upper Dublin.jpg  Upper Dublin Junior Athletic Association  1832 Saxon Lane  Maple Glen, PA 19002  Attn: Chad Polin  [Cpolin1@comcast.net](mailto:Cpolin1@comcast.net)  [www.udjaa.com](http://www.udjaa.com)  Return forms to your head coach  Head coaches – please submit all your player forms together | Summer Basketball  Player Registration Form   |  |  | | --- | --- | |  |  | | **Player’s First Name** | **Player’s Last Name** | |  |  | |  |  | | **Player’s Age** | **Player’s Grade upcoming Fall semester** | |  |  |  |  |  | | --- | --- | | **Team:** |  | | **Coach:** |  | | **League:**  **(circle one)** | **GIRLS 5th & 6th Grades**  **GIRLS 7th & 8th Grades**  **BOYS 5th & 6th Grades**  **BOYS 7th & 8th Grades** | |

|  |  |  |  |
| --- | --- | --- | --- |
| Address, Town, Zip |  | TWP: |  |
|  |  |  |  |
| Father’s Name: |  | Telephone (Home) |  |
| E-Mail: |  | Telephone (Cell) |  |
|  |  |  |  |
| Mother’s Name: |  | Telephone (Home) |  |
| Email: |  | Telephone(Cell) |  |

**PERMISSION CERTIFICATION AND TERMS OF PARTICIPATION**

My son/daughter has permission to participate in the sports programs conducted by the Upper Dublin Junior Athletic Association (the “Association”). I/We also certify that my son/daughter is physically fit to participate in the sports program maintained by the Association. I/We further agree to provide a certified birth certificate upon request.

**MEDICAL AUTHORITY AND HEALTH INSURANCE INFORMATION**

In case of medical emergency, and where I/We cannot be reached in advance, I/We hereby give permission to the physicians selected

by the officers, directors, manager, coaches, and/or agents of the Upper Dublin Junior Athletic Association to secure proper medical treatment for my child as named above. I also certify that m child is covered under the following health insurance coverage.

|  |  |  |  |
| --- | --- | --- | --- |
| INSURANCE COMPANY: |  | GROUP # |  |

**RELEASE AND INDEMNIFICATION AGREEMENT**

I/We agree that the Upper Dublin Junior Athletic Association, its officers, directors, manager and coaches, and agents, collectively called “Releasees”, will not be responsible for any personal injuries suffered by my/our child in programs conducted by the Association, including transportation to and from activities, and I/We hereby release and discharge Releasees from any claim or cause of action relating to such injury. I/We being the parent(s) or guardian(s) of the above-named minor, approve this Release, waive any rights in

the premises, and agree to fully indemnify and hold harmless Releasees from and against any loss. Liability, damage, costs and

expense, which Releasees may incur or sustain relating to any personal injuries suffered by the above named Minor in the sports.

Signature of Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial Registrar: \_\_\_\_