

2009-2010 USJ PAL BASKETBALL

NAME _____ **GRADE** _____ **SEX** M ___ F ___

PHONE _____ **EMAIL** _____

Your child may play up in age but not down.

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 can be turned in with the registration form to your child’s teacher or campus secretary by Monday, November 9th
Checks are to be made out to USJ PAL LEAGUE. Teams will be formed by Thanksgiving week.**

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

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 IN THE CLINIC WHEN NEITHER PARENT IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT.

..... **RELATIONSHIP** _____ **DATE** _____

IF YOU WISH TO COACH A TEAM PLEASE SIGN HERE

QUESTIONS: PLEASE email Carol and Brad Adkins at usjpal@mac.com