

Hamilton Police Athletic League, Inc.

Sponsored By Hamilton Township P.B.A. No. 66

P.O.Box 3081 – Mercerville, NJ 08619

Telephone (609)888-2600

HAMILTON P.A.L. GIRLS BASKETBALL LEAGUE REGISTRATION / PARENTAL CONSENT FORM

Name: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ Email Address: _____

Dad's Name: _____ Mom's Name: _____

Parent Willing To Be: Head Coach: _____ Assistant Coach: _____ Team Sponsor: _____

School Attending: _____ Grade: _____ (2017-2018 School Year)

Height: _____

Did you play in the Hamilton P.A.L. Basketball League last year (Circle One)? YES NO

If yes, in which division? _____ On Which Team? _____

Have you ever played on a basketball team other than in Hamilton P.A.L. (Circle One)? Yes No If yes, check all that apply: CYO _____ Middle School _____ High School _____ AAU _____ Intramural _____ Other Rec League _____

Registration Fee:

Before September 1 st	\$75	Additional Children: \$65	
September 1 st – 29 th	\$85	Additional Children: \$75	
After September 29 th	\$95	Additional Children: \$85	
50/50 Requirement (Buyout \$35) First Child; \$15 Additional Children. This is not optional.	Sell 10 tickets at \$5 or buyout \$35	Additional Children: 5 tickets at \$5 or buyout \$15	
Total:			

REGISTRATION FEE IS NON-REFUNDABLE

All players MUST try out. If you are interested in your daughter possibly playing in 2 divisions, please select yes. Yes/No

Please circle any night(s) that you **cannot** practice due to previous commitments from November – March. We will make every attempt to not conflict, but please realize that we have to work within the availability of gyms and keep the teams balanced. **Circle all that apply:** Mon / Tue / Wed/ Thur/ Fri/ No Conflicts

NOTE: Freshman and Sophomore Games are on Friday nights. Junior and Senior Games are on Saturday.

Shirt Size (Circle One): Adult S Adult M Adult L Adult XL Adult XXL

My daughter has no medical condition or physical impairment which would be affected by her participation in the Hamilton P.A.L. Basketball Program. I agree that the Hamilton P.A.L. will not be responsible, and I agree not to institute any lawsuit or claim against the Hamilton P.A.L. for any personal injuries sustained by my daughter while she participates in this program. I hereby authorize the Hamilton P.A.L. Girls Basketball staff to act for me according to their best judgment in any emergency requiring medical attention for my child. In addition, throughout the year, we will post pictures on our Facebook page. If you do not want your daughter's picture posted, please send an email to jennifercaterson@gmail.com to inform us to not post your daughter's picture.

Signature of Parent or Guardian: _____ Date: _____

I have read and reviewed the Code of Conduct. My family and I agree to adhere to the Code of Conduct.

Signature of Parent or Guardian: _____ Date: _____