

Travel Basketball Participation Registration Form

www.mtlebanonbasketball.com

One player per form
(please print clearly)

Player Last Name: _____

Player First Name: _____

Gender (circle) F M

Street Address: _____

Zip Code: _____ E-mail: _____

(for MLBA use ONLY)

Other E-mail: _____

Phone: _____ Alternate: _____

Grade _____ Birth date: ____/____/____

School _____

Parent/Guardian Name _____

Parent/Guardian Name _____

Volunteers Needed!

If you are interested in volunteering for Basketball Association activities, or interested in possibly coaching please let us know!

(Name)

(Interest)

We understand and agree that Mt. Lebanon Basketball Association reserves the right to publish any photos taken of our participants.

(initial)

Fees

Payment is due at first tryout. If player makes the team payment is for travel season. If player does not make the team the payment is fully refundable. If player makes team and declines invitation, payment is not refundable. A \$10 discount is given to the 2nd or more travel players in a family. Checks should be payable to:

Mt. Lebanon Basketball Association

Medical Information

Allergies, asthma, or other medical conditions that a coach should be aware of : _____

By signing below, the parent or guardian provides consent for medical assistance or treatment to be given to your child.

Emergency Contact Information

Name (Please print clearly): _____ Phone: _____

As the parent (or legal guardian) of the above registrant, I hereby represent that the registrant has had a recent physical exam and is physically able to participate in any of the Mt. Lebanon Basketball Association's Sponsored Programs/Events. I hereby waive, release, indemnify and hold harmless the Township (and School District) of Mt. Lebanon, PA, and the Mt. Lebanon Basketball Association, including all Officers, Board Members, organizers administrators, instructors, coaches, referees, agents, representatives, and/or assigns or the like who are in any way associated therewith from any injury whatsoever which may result from the registrant's participation in any of the Association's Sponsored Programs/Events. Further, I hereby affirm that my child is physically able to participate in the league, without limitation.

Further, I hereby authorize that medical attention be arranged for the registrant by the League in the event that emergency medical assistance is necessary. I hereby waive, release, indemnify and hold harmless the Township (and School District) of Mt. Lebanon, PA, and the Mt. Lebanon Basketball Association, including all Officers, Board Members, organizers, administrators, instructors, coaches, referees, agents, representatives, and/or assigns or the like who are in any way associated therewith from any damages, injury or claims whatsoever which may result from arrangement of said medical services. Further, I hereby assume all financial responsibility for any costs incurred whatsoever as a result of such injuries. I also certify that the registrant is covered by all necessary medical and hospital insurance for his participation in any of the Association's Sponsored Programs/Events.

Signature: _____ Date: ____/____/____

Official Use Only

Amount _____

Check # _____

Rec'd By: _____

Date Received:

____/____/____