

**LOWER SOUTHAMPTON ATHLETIC ASSOCIATION (LSAA) 2011-2012 BASKETBALL REGISTRATION FORM**

Please print Parents / Guardian(s) Full Name(s)  
 Last Name: \_\_\_\_\_ Mother's First Name: \_\_\_\_\_ Father's First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

Player's Full Name	Date of Birth	Age at 9/1/2011	School	Grade
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Please check one box below per player registered  
 Note - Players can play both In-house & Travel (Tryout required for Travel)

<u>In - House League</u>	<u>Travel Teams</u>
Developmental: (Ages 7 & 8) _____	Travel Age 9 _____
Youth Division: (Ages 9 & 10) _____	Travel Age 10 _____
Intermediate Div: (Ages 11 & 12) _____	Travel Age 11 _____
Junior Division (Ages 13 & 14) _____	Travel Age 12 _____
Senior Division (Ages 15 to 17) _____	Travel Age 13 _____
	Travel Age 14 _____

**Registration Fees (must be check or money order, no cash)** (\$5 of this fee will be deposited into the *Lower Southampton AA Family Relief Fund*)

\* Must pay full fee for Travel Team - Family Discount does not apply.  
 \* 3 or more children, a family pays only \$200 (Family Discount)  
 Regular Fee - In-House Only \_\_\_\_\_ # of players x \$ 90.00 EQUALS \$ \_\_\_\_\_  
 In-House & Travel Team Fee \_\_\_\_\_ # of players x \$ 175.00 EQUALS \$ \_\_\_\_\_  
 Travel Team Only \_\_\_\_\_ # of players x \$ 175.00 EQUALS \$ \_\_\_\_\_  
**LATE FEE OF \$20 AFTER OCTOBER 30<sup>th</sup>** \$ \_\_\_\_\_

(Fees are non-refundable) Total Fees: \$ \_\_\_\_\_

**VOLUNTEER SIGNUPS**

- A. Head Coach \_\_\_\_\_ Age Group \_\_\_\_\_
- B. Assist. Coach \_\_\_\_\_ Age Group \_\_\_\_\_
- C. Referee \_\_\_\_\_
- D. Other \_\_\_\_\_ \* Assist in obtaining sponsors, phone calls, all-star day.

**Mail your payment & this form to:**  
**LSAA Basketball c/o Mark Carroll 55 Jay St. Feasterville, PA 19053**  
 Make Check or Money Order Payable to: LSAA Basketball **"PLEASE DO NOT MAIL CASH"**

LSAA Basketball requires that you disclose a primary health insurance carrier. Failure to comply will disqualify applicant from participation in any LSAA Basketball programs.

**Carrier Name:** \_\_\_\_\_

**Please indicate any medical problems:** \_\_\_\_\_

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**Release Statement**

NOTE: The statement should be signed by parent/guardian for minor player; an adult player, for himself.  
 I, the parent/guardian of the registrant, a minor, or adult registrant of legal age, agree that I and the registrant will abide by the rules of the **LSAA**, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with basketball and in consideration for the **LSAA** accepting the registrant for it's basketball programs and activities (the "Programs"), I hereby release, discharge, and/or otherwise indemnify the **LSAA**, their affiliated organizations and sponsors, their employees and associated personnel, including owners of the courts and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

**PARENT/GUARDIAN OR ADULT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_