

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 _____

Street Address _____

City, State, Zip Code _____

Phone _____ Date of Birth _____

Dad's Name _____ Mom's Name _____

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

School Attending _____ Grade _____
(2011-2012 School Year)

Email Address _____

Which nights can you NOT practice: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___

Did You Play In the Hamilton PAL Basketball League Last Year YES NO (Circle One)

If yes, in which division? _____ On what team? _____

Have you ever played on a basketball team other than in Hamilton P.A.L.? Yes No (Circle One)

If yes, check all that apply: CYO ___ Middle School ___ High School ___ AAU ___

Intramural ___ Other Rec League ___

Would you like to play in two divisions if the opportunity arose? Yes ___ No ___

Shirt Size: Please circle one - XS S M L XL XXL Adult sizes only

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 judgement in any emergency requiring medical attention for my child.

Signature of Parent or Guardian: _____ Date: _____

REGISTRATION FEE IS NON-REFUNDABLE