



# NPAA

## North Penn Athletic Association

• Home of the North Penn Squires •



### 2009 BASKETBALL CAMP REGISTRATION FORM August 10-14, 2009

Player  
Name

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Address

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City

State

Zip  
Code

Date of  
Birth

Age on  
6/1/09

Telephone

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E-mail address

School

Years in

Squires Basketball

Height

Weight

Shirt  
Size

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### REGISTRATION FEES

(please write check in the appropriate amount payable to "NPAA," mail to address at the bottom along with this form)

- Morning Session—9:00 am to 12:00 pm                      \$80
- Afternoon Session—12:30 pm to 3:30 pm                      \$80

### PARENT / GUARDIAN INFORMATION

Father's Name

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Mother's Name

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Guardian's Name

(if different from Father and/or Mother)

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### ACCIDENT INSURANCE INFORMATION

Insurance Company

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I.D. #

Group #

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PLEASE READ AND COMPLETE THE NEXT PAGE



**NORTH PENN ATHLETIC ASSOCIATION  
P.O. BOX 1213, NORTH WALES, PA 19454**



**NORTH PENN SQUIRES  
2009 SUMMER BASKETBALL CAMP  
REGISTRATION FORM**

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My son / daughter \_\_\_\_\_ has my permission to participate in the 2009 Summer Basketball Camp hosted by the North Penn Athletic Association. I understand that participation in athletic competition, as well as practicing for athletic competition involves hazards and risks of personal injury, including but not limited to, fractured bones, lacerations, and damage to the nerves and nervous system, some of which may be serious and/or permanent in nature. I recognize that I have the right to inspect the condition of all equipment, playing surfaces and related facilities prior to use of same, and to have my son or daughter refrain from participation in the event of any defects or hazards. I assume all risk and hazards to such participation including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless the officers, managers, directors and coaches of the North Penn Athletic Association from any claim arising out of an injury to my son / daughter.

I further understand that the North Penn Athletic Association will not provide accident insurance of any kind and I am solely responsible for any medical and surgical bills which result out of an injury which may arise from my son's/daughter's participation in any of the programs of the North Penn Athletic Association.

I understand failure to sign this form will result in the disqualification of my child from further participation in the 2009 Summer Basketball Camp and I will not be entitled to any refund of registration.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

PAID BY CHECK    CHECK # \_\_\_\_\_    AMT. PD \_\_\_\_\_    DATE \_\_\_\_\_  
 PAID BY CASH

**“Better Sportsmen Today, Better Citizens Tomorrow”**