

2008 Lax Fees:  
5<sup>th</sup> – 8<sup>th</sup> grade: \$110  
3<sup>rd</sup> & 4<sup>th</sup> grade: \$50  
Deduct \$20 for second  
Child in same family

**Drexel Hill Raiders Athletic Association**  
**Registration Form**  
**Basketball / Football / Cheerleading / Lacrosse / Wrestling**  
Please note our new website: [www.drexelhillraiders.com](http://www.drexelhillraiders.com)

Mail to:  
DHRAA  
PO Box 102  
Drexel Hill, Pa. 19026

**PARTICIPANT INFORMATION**

Participant Name: \_\_\_\_\_ Sex:  M or  F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Returning  or New Participant  Team Last Year: \_\_\_\_\_  
(BASKETBALL ONLY)

**PARENTAL INFORMATION**

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**PARENTAL WAIVER AND CONSENT**

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in those activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and activities incidental thereto.

Please list any physical limitation (allergies, hearing, sight, etc.) \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_