

# Drexel Hill Raiders Athletic Association Registration Form

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

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

Age (as of September 1st): \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

New or  Returning Player  15-17  13-14  11-12  9-10  6-8

Prior Experience: (please be specific – skill level, years of experience, etc.)

PAL: Years Played: \_\_\_\_\_  CYO: Years Played: \_\_\_\_\_  School Years Played: \_\_\_\_\_

Physical Up To Date: Yes  No

## PARENTAL INFORMATION

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

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

E-mail Address (primary source of communication): \_\_\_\_\_

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

## Parental Waiver and Consent

As the parent/legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a player in the Drexel Hill Raiders Athletic Association's Basketball league.

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 limitations (allergies, hearing, sight, etc.):

\_\_\_\_\_  
\_\_\_\_\_

## Disclaimer

I, the undersigned, do hereby agree for myself and my family to appear in photographs of Drexel Hill Raiders A.A. activities to be used by The Drexel Hill Raiders for the purpose of public relations, advertising, and general publicity for the Drexel Hill Raiders A.A.

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

Checks payable to DREXEL HILL RAIDERS A.A.  
Please send this completed form ALONG with your payment to:  
**Drexel Hill Raiders AA, PO Box 102, Drexel Hill, PA 19026**