

PALMER TOWNSHIP ATHLETIC ASSOCIATION REGISTRATION FORM

✓ BASEBALL ✓ SOFTBALL ✓ WRESTLING ✓ BASKETBALL
✓ FOOTBALL ✓ CHEERLEADING ✓ SOCCER ✓ LACROSSE

REGISTRATION FEE: \$30.00 ✓ PAID ACTIVITY FEE: \$30.00 (per family) ✓ PAID

✓ CASH ✓ CHECK # _____ ✓ MONEY ORDER# _____

Participant's Name _____ Phone _____

Address _____ E-mail Address _____

Age _____ Sex _____ Date of Birth _____ Current Grade _____

Played Last Year? Yes No Team or Coach: _____

I hereby certify that the individual indicated above to be registered (hereinafter, "Participant" is a resident of Palmer Township and that I am a parent/legal guardian of Participant. I hereby register Participant for the athletic activities indicated above to be provided by Palmer Township, and independent contractors (collectively, "Providers") and any and all activities associated with such athletic activities. For and in consideration of registration and participation of Participant in said activities, I for myself, my executor, administrator, heirs and assigns and on behalf of Participant, do hereby release, discharge and otherwise indemnify Providers from any and all claims for damages, losses or injuries to person or property, or both, which may be sustained or suffered by Participant while participating in such activities. I agree to hold Providers wholly harmless from any and all liability they may incur by virtue of allowing Participant to use their facilities and equipment, including any transportation, to participate in said activities. Further, I acknowledge that in order to participate, Participants must be covered by health and accident insurance and certify that Participant is currently insured under the following insurance policy:

Name of Insurance Company _____ I.D.# _____

Name of Primary Physician _____

In addition, I hereby give my permission for any and all, medical attention necessary to be administered to Participant in the event of accident, injury, sickness, etc., at the direction of Providers in the event that the emergency contacts listed below cannot be reached. I also hereby assume the responsibility for payment of any such treatment.

Emergency Contact Name: _____ Phone# _____

Alternative Contact Name: _____ Phone# _____

Allergies of Participant _____

Other Medical Conditions of Participant _____

I have read and agree to the above and understand that I am giving up rights, which I may otherwise have. I have full knowledge of risks involved in the selected athletic activities and any associated activities and certify that Participant is physically and otherwise fit to participate in such activities.

Please Print Name of Parent / Legal Guardian _____

Signature of Parent / Legal Guardian: _____

Please mail registration and payment to PTAA P.O. Box 3106 Easton, PA 18045

Visit PTAA at www.palmertwp.com