HOKENDAUQUA PARK & PLAYGROUND ASSOCIATION - H.P.P.A. (http://www.hokeypark.org)
ATHLETIC PARTICIPATION CONTRACT - BASKETBALL 2017-2018

Athlete Name: _____ Male: _____ Female: _____

Address: _____ Birth Date: _____

_____ School Grade: _____

Phone numbers: _____ Resident of Whitehall/Coplay School District: Yes: ___ No: ___

Circle Township location: Hokey Fullerton Stiles West Catty Cementon Coplay Egypt Schadt Other: _____

T-SHIRT SIZE: Youth: ____ XSM ____ SM ____ MED ____ LG ____ XLG
(For Uniforms) Adult: ____ XSM ____ SM ____ MED ____ LG ____ XLG

Which school does this athlete attend? _____

Did this athlete play for HPPA in the 2016-2017 Basketball season? YES: _____ NO: _____

If NO, where did your child play in the 2016-2017 season? _____

Special medical considerations, i.e. allergies, etc.: _____

Parents or Legal Guardian - Please read and sign below.

The parents or legal guardian of the above named participant give approval to his or her participation in any and all supervised activities during the current season. It is agreed that all equipment issued to the participant must be returned at the end of the HPPA Basketball season, or upon request, to the HPPA in as good condition as when received by the participant. The parents accept responsibility for the return of all HPPA property or full cash reimbursement equal to the cost of replacing involved equipment. Parents must also reimburse HPPA for any costs associated with collection proceedings, including magistrate, attorney, and processing fees. **Please initial**: _____

The parents assume all risks and hazards incidental to such participation including transportation to and from the activities. The parents do hereby waive, release, absolve, indemnify and agree to hold harmless the Hokendauqua Park and Playground Association (HPPA), its officers, members, coaching staff, participants and persons transporting the participants to and from the activities. **Please initial**: _____

In the event of an injury to the participant, the parents are responsible for medical expenses and deductibles to the extent of their medical coverage. Thereafter, the association will provide payment for medical expenses subject to the terms of its policy. Any and all expenses in excess of that amount are the sole responsibility and liability of the parents or legal guardian of the participant. **Please initial**: _____

Parents assume responsibility for full payment of registration fees and two fundraisers. **Please initial**: _____

Signature of Parent or Legal Guardian:_____ Date: _____

Print name: _____ Home Phone Number: _____

Occupation: _____ Cell Phone or Work Phone Number: _____

Spouse's Name: _____ Occupation: _____

Medical Insurance name: **REQUIRED**_____

Group and/or Policy numbers: **REQUIRED**_____

PLEASE PRINT LEGIBLY: Your e-mail address: _____

Please volunteer and sign-up to help as coaching staff, special events help, fund raiser help, etc.

H.P.P.A. use only

Registration Paid: _____ Fund Raiser: _____ Fund Raiser Paid: _____ Buyout Paid: _____

Check #: _____ Amount: _____ Volunteer Fee: _____ Conduct Form: _____