

2006/07 The Edgewood Basketball League Ages 7-15

For Internal Use Only

Please note that complete information is being requested for each player registered. If you want to coach, assist or sponsor your child's team, please indicate your preference in the space provided. If you are willing to sponsor or coach in another league (other than your child's league), mark space provided on a blank line (separate form your child's name).

	Child's First Name	Child's Last Name	Sex	Birthdate	Age	Check	Appropriate	Box	My volunteer efforts will include:
						Coach	Assist	Sponsor	
1									
2									
3									
4									

Mother's Name _____

Father's Name _____

Mailing Address _____

City _____ Zip Code _____

Home Phone _____

Parent's Work or Cell Phone _____

E-mail Address _____

Shirt Size: S ___ M ___ L ___ XL ___ circle: Child or ADLT

Please Read Carefully: The undersigned as parent/legal guardian of the child or children registered on this form hereby certifies that said minor(s) are in excellent physical health and physically able to participate in all playground activities. I further understand that said minor(s) are participating in a basketball program and that as a result of that participation, injuries may occur. I further understand that the Edgewood Recreation assumes no responsibility for injuries which said minor may sustain, and agree to hold harmless and release Edgewood Recreation and its officers, coaches and agents for injuries sustained by said minor(s) while participating in said program, whether or not said injuries are alleged to be caused by the negligence of the Edgewood Recreation, including borough staff, employees, Council or officers, coaches or agents and or the malfunction of any equipment used by Edgewood Recreation. I permit Edgewood Recreation to use pictures of my child/children to be posted on the official Borough of Edgewood web site.

Signed: _____

Date: _____

To be filled in by Edgewood Recreation

Amount Paid: \$ _____

Check # _____

Received By: _____

FILL OUT COMPLETELY

FEE

- Each Child \$45 residents (Registration)*
\$50 for non-residents _____
- Sponsorship \$150/team _____
- Annual Giving Donation Level
[] \$25 – "Player" _____
[] \$50 – "Coach" _____
[] \$100 – "Referee" _____
[] \$250 – "Coordinator" _____
[] \$500 – "Commissioner" _____
[] \$1,000 – "President" _____
- Scholarship Fund _____
- *Late Fee- \$15 per form _____
(If received after November 20, 2006)
Total Amt. Paid _____

Lines 2 through 4 are tax deductible contributions

PAYMENT METHOD

☐ Payment enclosed (Check or Money Order)

Make Checks Payable, And Mail Them Back To,

Edgewood Recreation
2 Race Street
Pittsburgh, PA 15218

PLEASE REMEMBER

THIS MUST BE RETURNED SIGNED ALONG WITH THE ABOVE FEES IN ORDER TO BE REGISTERED.

**** Please remember that the coaches pick the practice nights, not the Director! ****

From time to time Edgewood Recreation will use photos of children who participate in our programs for advertising and promotional reasons. If you do not want your child's photo to be featured, please check here ☐