

MT. OLIVE SUMMER
BASKETBALL LEAGUE

BOYS REGISTRATION
CURRENT 8th GRADERS

PLEASE PRINT:

LAST NAME FIRST NAME GRADE AGE BIRTH DATE

NUMBER & STREET TOWN ZIP TELEPHONE

HEIGHT WEIGHT SHIRT SIZE
ADULT: SM(34-36)____MED(38-40)____LG(42-44)____

Did your child play Recreation or CYO basketball this year? **Y** **N**

I, the parent of the above named player, do hereby give my approval to his/her participation in all Mt. Olive Basketball Association activities and assume all such risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Mt. Olive Basketball Association, including officers, steering committee members, sponsors, coaches, and other participants, whether the result of negligence or for any cause. Mt. Olive Township provides a \$500 deductible health and accident insurance. In case of any injury or accident, notify the recreation department immediately.

PARENT SIGNATURE _____ DATE _____

The Mt. Olive Basketball Association is an all volunteer program whose success is dependent upon the number of men and women able to help. Volunteers are needed in many areas. It is understood that all children will be placed on a team. However, the number of teams will depend on the number of individuals who are willing to coach.

JOIN THE FUN AND PARTICIPATE - Please check the area(s) where you are willing to help.

COACH _____ ASSISTANT COACH _____ OTHER _____

NAME _____ TELEPHONE # _____

LEAGUE REGISTRATION FEE - \$65 (Make checks payable to **MOBA**)
Maximum of \$90
per family

RECEIVED OF _____ CHECK _____ NAME _____