

# Howell PAL & Township Program

P.O. Box 713, 115 Kent Road • P: 732-919-2825 F: 732-919-1212 • www.howellpal.org



## SUMMER YOUTH BASKETBALL LEAGUE

### 2012 - Registration Form



Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Current Grade: \_\_\_\_\_ School: \_\_\_\_\_ Birth date: \_\_\_\_\_

Phone #: 732-\_\_\_\_\_ Cell# \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

Email Address (mandatory): \_\_\_\_\_

Current Medication? \_\_\_\_\_

**Shirt Size:** YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

#### Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

(Parent) Would You Be Willing To Coach \_\_\_\_\_ or Assist \_\_\_\_\_ Fingerprinted? \_\_\_\_\_

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**Disclaimer: The PAL Accident Insurance Policy maintained by the PAL is secondary in coverage. Any and all claims must first be submitted to the claimant's primary health insurance carrier.**

- I Hereby Agree To Abide By The Rules Set Forth and Agree To Hold Harmless, The Howell PAL and its Employees. \*\***

\_\_\_\_\_  
Signature of Parent/ Legal Guardian

\_\_\_\_\_  
Date

Cash R#: \_\_\_\_\_ Check #: \_\_\_\_\_ Initial: \_\_\_\_\_

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**Open To Howell Township Residents Only - Season begins in June**  
Participants Must Be Currently Attending 4<sup>th</sup> through 12<sup>th</sup> Grade. 8 week Program

**Girls will be Monday/Wednesday Boys will be Tuesday/Thursday**

**Fee: \$50.00** Payable to "Howell PAL"

**Open Registration: Feb. 13<sup>th</sup> – April 22<sup>nd</sup>**

**Late Registration: April 23<sup>rd</sup> – May 1<sup>st</sup> Add: \$10.00**



Each Parent / Participant will receive Their Team Assignments & Schedules by email  
Notice of Special Conditions Must Be Made at Time of Registration, but **are not guaranteed.**

All refunds are governed by the Howell PAL Refund Guidelines and Procedures.