

**HAVERFORD TOWNSHIP BAILEY PARK BOYS
BASKETBALL LEAGUE
2009 APPLICATION**

NAME: _____ **PHONE #:** _____

EMAIL: _____

ADDRESS: _____

CITY: _____ **SCHOOL:** _____

GRADE: _____

AGE: _____ **HEIGHT:** _____ **WEIGHT:** _____ **POSITION:** _____

*****It is the responsibility of each player to maintain medical insurance coverage in case of injury. Parents waive and hold harmless Haverford Township/ Haverford Township Basketball League for any damages resulting in injury that may occur during any League sanctioned game or related activity.*****

PLEASE CIRCLE ONE: (grade presently in)

3rd and 4th Grade League

5th and 6th Grade League

7th and 8th Grade League

9th and 10th Grade League

___ YES, I would be able to coach and/or sponsor a team.

___ YES, I would like to volunteer to sell snacks/drinks at the games.

___ YES, I would be willing to keep the scoreboard or score book during my son's game

Application accepted on a first come basis *** The League will run mid April to mid June *** Please have registration in by March 31st at the latest *** Any questions, please contact Carolyn Jones (610) 446-8620 / CarsAKABS@aol.com or Jenn Durkin (610) 306-8595 / Jend131@aol.com

Signature of the Player

Signature of the Parent

Please mail application with \$55.00 check made out to:
HAVERFORD TOWNSHIP BASKETBALL
P.O. Box 1384
Havertown, PA 19083