

Springfield Township Parks & Recreation

1510 Paper Mill Road, Wyndmoor, PA 19038
215-836-7600

Travel Basketball Tryouts



Girls: Wednesday, October 16, 2019
6:30 - 8:00 pm @ Springfield Middle School Gym
Boys: Wednesday, October 23, 2019
6:30 - 8:00 pm @ Springfield Middle School Gym
Ages 9 - 14. (age as of 8/1/19)
All participants **MUST** attend TRYOUT. **MARK YOUR CALENDARS!**

Times & Dates are subject to change.

Register ON-LINE AT: www.springfieldmontco.org

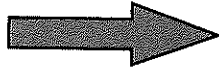
Travel fee for 2019-2020\$155.00 (Resident) \$165.00 (Non- Resident)

This includes all league fees, referee fees, facility fees, equipment and uniforms

To register for try outs:

Register on-line @www.springfieldmontco.org BEFORE October 1, 2019

PRE-REGISTRATION IS REQUIRED FOR TRY-OUTS!



NO REGISTRATIONS WILL BE TAKEN ON SITE !

Call 215-836-7600 for more information or assistance.

Springfield Township Parks & Recreation

Travel basketball-2019 - 2020 \$155.00 (Resident) \$165.00 (Non- Resident)
Program Dates FEE

Name _____ Age _____

Age as of August, 1, 2019

Check One: Resident Non-resident D.O.B. _____ Grade _____

MALE **FEMALE** **SHIRT SIZE** Youth (M L) Adult (S M L XL)

Parents (father) name _____ Parents (mother) name _____

Home Address _____

City _____ State PA Zip Code _____

Phone Numbers Home () _____ Work () _____

Emergency Contact Name _____ Phone () _____

Allergies _____ Medications _____

Special Needs _____

COACHES!!! I (please write name) am willing to: _____

Asst. Coach ___ or ___ Head Coach Age Level ___ (circle one) Girls Boys

RELEASE AGREEMENT

I/parent/guardian certify that the enrolling individual is in good health and is physically able to participate in all activities of the program designated. I agree that I/child/guardian shall be subject to the rules and regulations of Springfield Township's Parks & Recreation Department. I/parent/guardian assume all risks and hazards incidental to such participation, including transportation to and from activities; and I do hereby, waive, release, absolve, indemnify and agree to hold harmless the Springfield Township Parks & Recreation Department, the organizers, sponsors, supervisors, and participants. I/parent/guardian hereby give permission of any and all medical attention necessary to be administered to myself/child/guardian and emergency transport to the appropriate medical care facility. I/parent/guardian understand that no health and/or accident insurance is provided for the participants and I accept full responsibility for obtaining same or for payment of all expenses in the absence of such insurance. I hereby assume the responsibility for payment of any such treatment and release the Springfield Township Parks & Recreation Department and its officials from any and all liability or claims arising out of any injury, accident or sickness to myself/child/guardian.

Signature of participant/parent/guardian Date: _____

MUST BE SIGNED TO PLAY! ★

Official Use ONLY: Cash _____ Check # _____ Receipt # _____ Total Amount _____ Date _____ Staff Initials _____ Entered _____