

**NORTH PAULDING HIGH SCHOOL
NPBA YOUTH LEAGUE**

300 North Paulding Drive Dallas GA 30132
Attn: Ryan Dyer or Scott Green

LEAGUE USE
REG NO. _____
Amt rec'd _____

Check # _____

2017/2018 PLAYER REGISTRATION

NAME: _____ GRADE: _____ BIRTHDATE: _____ AGE: _____

PARENT'S NAME: _____

EMAIL: _____

STREET: _____ CITY/ZIP CODE: _____

CELL PHONE: _____ WORK PHONE: _____

HEIGHT: _____ WEIGHT: _____ SEX: _____ SCHOOL: _____

Uniform Size (CIRCLE ONE) HIGH SCHOOL AFFILIATION: _____
YOUTH SM MED LG
ADULT SM MED LG XL XXL

.....
General Release, Waiver of Liability and Hold Harmless Agreement

KNOW BY ALL MEN BY THESE PRESENTS,

That _____ (**Print parent/guardian name**) hereby agrees to indemnify and hold harmless the North Paulding Basketball Association, NPBA Board of Directors, NPBS and the Paulding County School District against any and all liability, loss, damages, costs, rights and causes of action of whatsoever kind and nature, specifically including, but not limited to, bodily and personal injuries of the undersigned or _____ (**print player name**) as their **minor child**, as well as all hospital bills, doctor bills, drug bills, and other medical expense, general and punitive damages, that may result from any incident occurring while enroute to or from, or while on the premises of the facilities used by North Paulding Basketball Association. It is expressly agreed that the undersigned fully understands that the execution of this document will prevent the undersigned or _____, (**print player name**) their **minor child**, from asserting any claim as set forth herein, sustained while on the premises or enroute to or from said premises.

Signature of Parent/Guardian _____ Date: _____

Registration Fee: (Make checks payable to North Paulding Basketball Point Guard Club)
\$175.00 1st Child \$165.00 2nd Child \$155.00 3rd Child

Please mail this form and check to the address on the top of the form

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Volunteer Information

NAME _____ HOME PHONE: _____

GRADE _____ BOYS _____ GIRLS _____

INTEREST: COACH ASST. COACH OTHER _____



A \$40 processing/equipment fee will be charged for refunds

